

**An Exploratory Study of Indonesian Adolescents'  
Reproductive Practices and their Experiences during  
Pregnancy and Early Parenthood**

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## Abstract

**Introduction:** Globally, the World Health Organisation (WHO) have reported approximately 16 million adolescent pregnancies per year, of which 95% are reported to occur in low-lower and middle-upper middle income countries. Indonesia, is one of the low-lower and middle-upper middle income countries; and data indicates that during 2012, 48 per 1,000 pregnancies occurred at the aged 15-19, of these 0.02% were aged 15 or less. This study is the first research of its kind in Indonesia to explore, illuminate and understand Indonesian adolescents' reproductive practices and their experiences during pregnancy and early parenthood.

**Methods:** This is an exploratory qualitative research conducted over a period of three years, consisting of three studies, a qualitative systematic review (study 1), an in-depth study of adolescents during pregnancy (study 2) and an in-depth study of young parents (study 3). Four couples participated in study 2 and twelve young parents participated in study 3 (including eight young mothers and four young fathers). One-to-one in-depth interviews were used for data collection, thematic analysis was used for data analysis and N Vivo was employed for data management.

**Findings:** This study revealed that adolescents engaged in premarital sexual relationship due to a loving relationship, whilst knowledge related to preventing pregnancy and Sexual Reproductive Health (SRH) services was limited and resulted in unplanned pregnancies. When unplanned pregnancy occurred, the couples were forced by their parents to get married to 'fit in' with cultural and societal norms of not having children outside of marriage. However, it brought life difficulties within adolescents' marriage relationships i.e. coping with stress, stigma, judgement, social exclusion, education termination, financial difficulties, jobs, role divisions, breastfeeding and children care. Foucault's theory of power is used to interpret findings.

**Conclusions and recommendations:** Power of culture and religion within Indonesian society played a critical role in adolescents' complex experiences through their unplanned pregnancy, marriage and parenthood. Indonesian adolescents require timely and accessible SRH education and services to increase their knowledge and understanding around SRH practices so that they can make informed decisions about sexual reproductive practices and prevent unplanned pregnancies. Evidence based care pathways are essential to support and empower young parents during their journeys that they can undertake their parenting role effectively. Future research is invaluable which might evaluate service models initiated to meet the health and social needs of the adolescents during pregnancy and early parenthood.

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## List of Abbreviation

|        |   |
|--------|---|
| AIDS   | : Acquired Immuno Deficiency Syndrome   |
| ANC    | : Antenatal Care  |
| ASSIA  | : Applied Social Sciences Index and Abstract  |
| BKKBN  | : Badan Kesejahteraan dan Keluarga Berencana Nasional<br>(Indonesian National Family Planning Coordination Board) |
| CASP   | : Critical Appraisal Skills Programme   |
| CINAHL | : Cumulative Index to Nursing and Allied Health Literature  |
| CRD    | : Centre of Review and Dissemination  |
| EMBASE | : Excerpta Medica Database  |
| GDP    | : Growth Domestic Product   |
| GNI    | : Growth National Income  |
| ICM    | : International Confederation of Midwives   |
| IMoH   | : Indonesian Ministry of Health   |
| ISB    | : Indonesian Statistic Board  |
| KEMAS  | : Kesehatan Masyarakat  |
| KUHP   | : Kitab Undang Undang Hukum Perdata (Indonesian Civil-Law<br>Code)  |
| NGOs   | : Non-Government Organisations  |
| NHS    | : National Health System  |
| PEOS   | : Population, Event, Outcomes, Study  |
| PHC    | : Public Health Centre  |
| PRISMA | : Preferred Reporting Items for Systematic Reviews and Meta-<br>Analysis  |
| SHREC  | : School of Healthcare Research Ethics Committee  |
| SRH    | : Sexual Reproductive Health  |
| UNICEF | : United Nations International Children's Emergency Fund  |
| UNPF   | : United Nations Populations Fund   |
| WHO    | : World Health Organisation   |

## **Chapter 1 Introduction**

### **1.1 Introduction**

This chapter presents the context, overview and rationale for the PhD research and explains the geographic, social and economic landscape in Indonesia. Social perspectives and expectations regarding pregnancy and childbirth amongst the Indonesian community are described in this chapter. Furthermore, the concept of power, society and relationships are presented, in order to help situate the research and provide a local context. This chapter also presents the aim of the research, along with research questions, purpose and objectives. Personal reflections are also explained in order to provide insight into why this research held a personal journey. The structure of the thesis is provided to give a brief overview of what is included in each chapter.

### **1.2 Context, overview and rationale of the research**

Globally, the WHO, have reported approximately 16 million adolescent pregnancies per year, of which 95% are reported to occur in low-lower and middle-upper middle income countries (WHO, 2014a; WHO, 2014b) (See Chapter 2 Section 2.2). Indonesia, is one of low-lower and middle-upper middle income countries; during 2012, 48 per 1,000 pregnancies occurred at the aged 15-19, of these 0.02% were aged 15 or less (Indonesian Ministry of Health IMoH (2013). However, there are no official routinely collected data to accurately report the number of adolescent pregnancies in Indonesia, particularly pregnancies conceived before marriage (Chandra, 2013). Pregnant adolescents are a concern in low-lower and middle-upper middle income countries because of associations with poorer maternal and perinatal health outcomes (WHO, 2009). In addition, adolescents are likely to have high illiteracy and lower education levels, poorer sources of sexual and reproductive health support and a lack of infrastructure for example services and trained human resources in low-lower and middle-upper middle income countries (Chandra-Mouli et al., 2013).

Pregnant adolescents have attracted attention by researchers and government for some time in Indonesian. For example, exploration of unsafe abortion among

unmarried female adolescents (Djohan et al., 1993; Sedgh and Ball, 2008a), reported that female Indonesian adolescents attempting to terminate their pregnancies by taking traditional medication, practicing traditional abdominal massages or seeking illegal abortion services. In contrast, other academic researchers evaluated adolescent reproductive health education (Holzner and Oetomo, 2004; Hull et al., 2004) which were pilot projects to educate Indonesian adolescents about SRH. However, there has not been any research conducted in Indonesia exploring adolescents experiences during pregnancy and parenthood, particularly including male adolescents as participants.

At the national level, the Indonesian government has implemented a programme of interventions which aimed to minimise the number of adolescent pregnancies i.e. enabling adolescents to access SRH education and improving healthcare providers' skills in public health centres on SRH counselling particularly for unmarried adolescents; conducting campaigns in schools; and distributing leaflet about SRH for adolescents (IMoH, 2005). Additionally, the Indonesian National Family Planning Coordination Board (NFPCB) established a multi-sector response programme involving the Indonesian Ministry of Health (IMoH); the Ministry of Social Affairs and Community; and the Ministry of Religion known as National Program of Youth Friendly Health Services (IMoH, 2005). In this programme, the healthcare sectors i.e. public health centres had responsibility to provide healthcare services. This involved education, campaigning and counselling related to adolescents SRH. Meanwhile, schools, religious leaders, and local Non-Governmental Organisations (NGOs) had responsibilities to enable adolescents to access SRH services by campaigning in order to increase public awareness. The programmes also involved social and religious leaders, schools and local NGOs as the programme was expected to increase awareness across the public and community (IMoH, 2005). This programme was a pilot project and was implemented in three provinces by establishing youth centres in schools. It also involved students as peer educators. However, only about 20% out of 2,340 adolescents accessed the youth centres (IMoH, 2005) and the number of adolescents pregnancies was still 35 per 1,000 pregnancies in 2007 (IMoH, 2007).

Between 2008-2013, the government established 18,011 youth centres spread through 33 Indonesian provinces (BKKBN, 2013). The aim of the project was to improve adolescents' access to SRH services in order to reduce the number of pregnancies (IMoH, 2010). The youth centre establishment also involved health workers, social and religious leaders, local NGOs, schools and universities in order to gain greater participation of adolescents (BKKBN, 2013). However, there were less than 10% of the 18,011 youth centres with adequate service provision due to a limited number of trained staff, poor campaign materials and poor effectiveness of programme and strategies (BKKBN, 2013). Furthermore, the youth centres were focused on promotion and prevention, such as a campaign of 'no sex before marriage', 'no marriage before 20' and 'safe dating' that was described as having a relationship without premarital sexual intercourse (IMoH, 2013). There has also been a programme involving adolescents called "GenRe" which means a group of adolescents as a 'generation' that have awareness and are involved in promoting SRH among their peers. However, the programme has been evaluated to have limited impact since the number of adolescent pregnancies has increased from 35 per 1,000 pregnancies in 2007 up to 48 per 1,000 pregnancies in 2012 (IMoH, 2013). More recent data related to the current episodes of adolescent pregnancy is expected towards end of 2018.

In 2015 the government rebranded the programme with a focused campaign to delay marriage (BKKBN, 2015). The focus of the programme was to turn adolescents attention away from marriage to education, vocational training, employment and income (BKKBN, 2015). This campaign also involved religious leaders, parents, community leaders and a numbers of adolescents in a model called 'Duta Genre'. A focus was to promote avoidance of marriage before the age of 20 (BKKBN, 2015). Even though it has been implemented in recent years, there has been no official data related to the programme outcome. However, given that 9% of the adolescent population reported having sexual relationships before marriage (IMoH, 2010), delaying marriage was unlikely to address premarital sexual relationships lead to adolescent pregnancy. Therefore, it is plausible that in order to prevent adolescent pregnancies, easily accessible SRH education needs to be provided which could improve knowledge of adolescents as well as empower them to make a better choice regarding their sexual

behaviour and when they already engage in premarital sexual relationship it may be useful to provide a contraception advice service available to them.

Given the data that there are number of adolescents who experience pregnancy in Indonesia, there is no specific research exploring experiences of adolescents during pregnancy and their early parenthood. Therefore there is a need to explore such issues in an Indonesian context. Additionally, the views of male adolescents as respondents are lacking. Therefore, the aim of this PhD research was to explore Indonesian adolescents' reproductive health and their experiences during pregnancy and their early parenthood period, particularly involving female and male adolescents as participants. Details of literature related to adolescent pregnancy and early parenthood is presented in Chapter 2.

### **1.3 Context of the research**

As the research was conducted in Indonesia, this section provides a summary of the geographic, social and economic landscape of Indonesia and the social and religious context of reproduction in order to guide the reader.

#### **1.3.1 The geographic, social and economic landscape**

Indonesia has a population of 249.8 million and consists of 17,000 islands which lie between Asia and the Australia continent (Indonesian Statistics Board (ISB, 2013). There are five major islands; Sumatra, Kalimantan, Sulawesi, Papua and Java. The most densely populated island is Java where the capital of Indonesia, Jakarta is located. Indonesia is categorised administratively into 33 provinces i.e. 10 provinces located in Sumatra and small islands nearby, six provinces are in Java and small islands nearby, five provinces are in Kalimantan; six provinces are in Sulawesi, two provinces are in Papua and the rest of the provinces dispersed in small islands in between Papua and Java. Each province has municipalities and every municipality has districts (IMoH, 2012). In terms of the demographic profile among the adolescent population, Yogyakarta is one Indonesian province which has a large number of adolescents with different ethnicities, religions and home island origins, because it is known as the students' city where most of the best schools and universities are located (ISB, 2013). Parents from different provinces or islands are more likely to send their children

to study and stay independently in Yogyakarta. Yogyakarta was purposively selected as a research field because of practicalities, however, in order to have similar a context with other cities in Indonesia, participants were recruited from a sub-urban area called Gunungkidul municipality which has the highest number of adolescent pregnancy among other municipalities in Yogyakarta province.

The large number of islands and population has given rise to diversity of ethnicities, languages, religions and economic status (ISB, 2013). There are about 300 ethnic groups with their own languages (IMoH, 2012). The official national language (written and spoken) is Bahasa Indonesia which every Indonesian has been taught in their early years. In terms of religion, there are five official religions; Islam, Christianity (Protestant and Catholic), Hindus, Buddhist and Confucianism (ISB, 2013). Furthermore, Indonesia is classified as lower middle income country with 3,580 USD per capita based on Gross National Income (GNI) (Bank, 2016). Meanwhile, based on Gross Domestic Product (GDP), it achieved good economic growth which is 5% per capita in 2016. The following is an Indonesian map and the arrow indicates Yogyakarta province where the study was conducted.



**Figure 1-1: Indonesian map**



### **1.3.2 Social and cultural context of sexuality and reproduction**

Diversity of ethnicity, language and religion is evident in Indonesia and many people still uphold traditional conservative views about sexuality and reproduction; these remain taboo as topics of conversation even for adults (Situmorang, 2003; Hellwig, 2011). Adolescents therefore often access inadequate information from informal sources such as peers, internet websites and the media (Utomo et al., 2010). Furthermore, the internet and social media are very popular among Indonesian adolescents. A survey among 9,442 unmarried adolescents reported that 90% of adolescents had accessed pornography from internet sites to gain information about sexual matters and 9% experienced sexual relationship without any contraception after accessing pornography sites (IMoH, 2010; Panji, 2014). Such adolescents are therefore more likely to be vulnerable to adolescent pregnancy (Budhyati, 2012).

In general, Indonesians culturally have values which prohibit premarital sexual relationship. If pregnancy occurs before marriage it is considered as out-with cultural values and there is likely to be an early marriage arranged and most likely judgement and shamefulness would be experienced (Holzner and Oetomob, 2004 ; Butt and Munro, 2007). Some adolescents have subsequently experienced negative treatment from community such as social exclusion and isolation (Situmorang, 2003). In addition, adolescents are less likely prepared to engage in married life, particularly when their marriage is due to premarital pregnancy (Hofferth and Goldscheider, 2010). Adolescents were also more likely to have an added burden such as financial instability as they were less likely to have completed education and established work, as well as lacking the capacity to be a parent (Pudrovska, 2009). Given evidence that there were likely that culture has strong influences on sexuality and reproduction within an Indonesian context, the following section presents theories of power and society to set the context of this PhD research.

## **1.4 Power and society to set the context of research**

This section draws attention to a concept of power in the context of society and relationships in the postmodern sociological perspectives. It is important to

understand power, society and relationships in this thesis because this research aimed to explore phenomena in an Indonesian society i.e. Indonesian adolescents experiences during their pregnancy and early parenthood in an Indonesian context. This concept of power will be used as a lens to explain and explore the findings of this PhD research. It is fundamental to understand the concept of power in society and human relationship. This is because in practical everyday life, power appears in people's interactions, communication, and negotiations, showing perspectives and aspirations as well developing their life goals (Kelly, 2013; Harish, 2014).

The theorist of choice is Foucault (1978) whose conceptual theory of power was shaped by knowledge and decentralised. This is because he explains that power is everywhere and comes from everywhere (Guedon, 1977; Gaventa, 1993; McLean and Rollwagen, 2008). Therefore, it is plausibly appropriate to be used as a lens to describe power among Indonesian society relations.

*"Power is everywhere; not because it embrace everything, but becomes it comes from everywhere"(Foucault and Hurley, 1979) page 93.*

This quote suggests that individuals can be powerful, power is practised in individual's everyday life, it is created from social relations, it relates individuals to one another and not only top to down approach. For example, there are many countries such as Brazil, Argentina, Thailand, Taiwan and Indonesia, that the government includes multi-sectors departments, national NGO's, community leaders, as well as adolescents to campaign SRH in order to improve public awareness (Gogna et al., 2008; Antonio et al., 2012; Areemit et al., 2012; Chiao and Ksobiech, 2015). It is evident that the government considers organisations, grass roots communities and individual to have the potential power to raise public awareness and guide social behaviour. It also reflects that in this particular case, power not always came from top i.e. government to down i.e. grass roots communities, but it can also come from community leaders, national NGOs as well as individual adolescents themselves.

Foucault's broad and interactive theory is favoured because his thinking challenge previous authors who generally describe power as threatening,

oppressive and a top-down approach in politics and government, Foucault focuses on power relations in social system (Guedon, 1977).

*“We must cease once and for all to describe the effects of power in negative terms: it ‘excludes’, it ‘represses’, it ‘censors’, it ‘abstracts’, it ‘masks’, it ‘conceals’. In fact power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production” (Foucault, 1991) page (194).*

The quote above presents Foucault’s concept of power as either positive or negative. In a positive way in some traditional community context where women become sub-ordinate, power can be used as sources of strength to empower women and to promote their involvement, raise critiques for development and struggle for justice, whilst in a negative way, power can be used to prevent women’s participations and or aspirations and the fulfilment of women’s rights (Regmi et al., 2010a; Wamoyi et al., 2011). For example in Bangladesh, power was used in a positive way in a case when government developed a programme to empower women including young mothers through entrepreneur skills development in order to enhance their access to finance and jobs (Schuler et al., 2010). In contrast, an example when power was used in a negative way can be seen in Bangladesh when pregnant adolescents were excluded from school due to policy practices (Sabates et al., 2010).

Foucault also discusses “biopower” which refers to the ways in which power manifests itself in the form of daily practices and routines through which individuals engage in self-surveillance and self-discipline (Foucault and Hurley, 1990). In the concept of “biopower”, individuals naturally have power that can be expressed as an instinct or desire (Foucault and Hurley, 1990). For example, where premarital sexual relationship is prohibited such as in Indonesia, there were many adolescents whom behaved self-surveillance and self-discipline to avoid such behaviour, whilst evidence also showed that other Indonesian adolescent also led their intention to engage in premarital sexual relationships (Purdy, 2006; Rissakota, 2014). Therefore, it is more likely that power can also be seen in each individual for controlling their intention whether to engage in premarital sexual relationship or not.

Foucault's concept is important to understand how both the power of individual and society are implicated in mixing people's behaviour (Dowding, 1996; Pylypa, 1998; Klepec, 2003; Ewing, 2008). There are studies that used Foucault's concept of power. For example, power can be used to raise awareness and improve the knowledge of people in health and sexuality regulation and management by inviting individuals to address their own behaviours as a matter of their own desires (Allen, 2009; Amuchastegui and Parrini, 2010). It can also be seen in Indonesian health programme interventions that power is intended to be used positively, to reduce the number of adolescent pregnancies, the Indonesian government put effort into the establishment of friendly youth centres in order to attract adolescents for accessing SRH education and services in public health centres (BKKBN, 2013). It was expected that by educating adolescents about SRH, there would be an improvement in adolescents' awareness related to SRH and practices. Power also has been used positively by community and religious leaders in supporting SRH programme interventions i.e. providing information to the adolescents and their parents about how to get SRH services access and campaigning 'no sex before marriage'.

However, there was also power that has been used negatively in many societies, for instances, social exclusion, stigmatisation and/ or judgement when people are out-with society expectation (Kumar et al., 2009; Stillman et al., 2009). Power has also been extended by the Indonesian government by using government authority for instance pregnant adolescents and their boyfriend have to marry in order to be legally accepted as certified couple. If couples reject marriage, they will not be able to have legal birth certification for their children. In regards to the social exclusion, Foucault (1991) also uses the history of punishment in order to illustrate the larger social movement of power and examine how changing power relations affected punishment from the aristocracy to the middle classes. For example in monarchical law, corporal punishments were key punishments and torture was part of most criminal investigations. Punishment was ceremonial and directed at the prisoner's body. It was a ritual in which the audience was important. On the other hand, in the postmodern era, punishment is a procedure for reforming individuals as subjects; it does not use marks, but signs.

Modern power to punish is theoretically based on the supervision and organisation of bodies in time and space (Foucault, 1991; Strenski, 1998). The description given by Foucault explains how power has been used to construct people's behaviour by using supervision and organisation of bodies. Similarly, in Indonesia there is evidence that culture and religion also strongly influences how people behave (O'Shaughnessy, 2009). Some people believe that God is their end of life goal therefore has empowered them to have individual commitment and self-regulation without any supervision from others (Adeney-Risakotta, 2014). For example in everyday life, some people in Indonesia practically have individual commitment to do prayer in their daily life without anybody asking them to do so.

Other concept in regards to power which also explained by Foucault that when power is also related to resistance, he said:

*"Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power." (Foucault and Hurley, 1990) page 95.*

In a social relationship power is not always being used to oppress others, rather, power is more likely to be used to influence people to behave like a power holder expects. For example, previous research evidence showed that in India, South Africa, Turkey as well as Indonesia where patriarchy values are strong within community, there has been a growing number of feminists who empower women to gain equality in their social life (Sen, 2008; Pretorius, 2009; Goknar, 2013; Adeney-Risakotta, 2014). Having an understanding of a theoretically explanation of power relations in society, it is evident that in society relations sources of power come from each individual, it can become either a positive or negative influence on peoples' live and behaviour, it does not always come from the top to the down and it may also come with resistance. Hence, Foucault's explanations of power relations in society seems appropriate to be used as a lens to help explain and explore the findings.

## **1.5 Aim of the research**

This research aims to explore, illuminate and understand Indonesian adolescents' reproductive practices and their experiences during pregnancy and

early parenthood. It was set in the context where adolescent pregnancy and early marriage due to sexual relationships is out-with cultural and religious expectations.

## **1.6 Research questions**

There are three research questions:

1. What are the health and social experiences of pregnant adolescents and their partners in Indonesia and other low-lower and middle-upper middle income countries?
2. What are Indonesian adolescents' experiences during pregnancy?
3. What are the experiences of Indonesian young parents after the birth of their baby in Indonesia?

## **1.7 Research purpose**

The purpose of this study was to explore and illuminate Indonesian adolescents' reproductive practices, and their experiences during pregnancy and early parenthood, so that we can understand their experiences on a social context and understand how some adolescent behaviour is out-with cultural and religious expectations. It was anticipated that these findings will inform and shape health and social services relating to reproductive health provided for adolescent Indonesians.

## **1.8 Objectives of research**

The table 1-1 describes the research questions, objectives and type of research that have been conducted.

**Table 1-1: Research questions, objectives and type of study**

| Research Questions   | Objectives  | Type of Study                 |
|--|---|-------------------------------|
| What are the health and social experiences of pregnant adolescents and their partners in Indonesia and other low-lower and middle-upper-middle income countries? | <ol style="list-style-type: none"> <li>1. Explore and synthesise health and social experiences of pregnant adolescents' and their partners in Indonesia.</li> <li>2. Explore and synthesise health and social experiences of pregnant adolescents' and their partners in other low-lower and middle-upper middle income countries.</li> <li>3. Compare and contrast the experiences of pregnant adolescents and their partners between Indonesia and other low-lower and middle-upper middle income countries.</li> </ol> | Qualitative Systematic Review |
| What are Indonesian adolescent experiences during pregnancy?   | <ol style="list-style-type: none"> <li>1. Explore the experiences of pregnant, female Indonesian adolescent residents in Indonesia.</li> <li>2. Explore the experiences of male Indonesian adolescents who have a pregnant Indonesian girlfriend whilst resident in Indonesia.</li> <li>3. Compare and contrast between female and male Indonesian adolescent experiences whilst resident in Indonesia.</li> </ol>  | In-depth Study                |
| What are the health and social experiences of Indonesian young parents after the birth of their baby in Indonesia?   | <ol style="list-style-type: none"> <li>1. Explore young mothers' health and social experiences after the birth of their baby.</li> <li>2. Explore young fathers' health and social experiences after the birth of their baby.</li> <li>3. Compare and contrast health and social experiences and life changes of young Indonesian mothers and fathers.</li> </ol>   | In-depth Study                |

## 1.9 Reflections of the research prior to data collection

Family was one of the influencing factor for the researcher to continue my education into higher level. Although where I grew up, there were not many women who continued their education into a higher level (most of them finished

their high school and work). Since being a child I was encouraged and supported to gain education into higher level. Whilst, there was a culture for giving more opportunity to be educated to men rather than to women, my family have a value to support children to have education for better future as well as being financial independent women. Particularly, my mother had always said that *'women or wife need to be educated in order to be able to earn money and for not being financially dependent to others, then when something unexpected happened, their world will not end'*. My mother is a single parent since I was 12 years old because my father passed away. She was financially struggling at first after my father passed away due to having no skill and education to manage our grocery shop and lumberyard which were our family financial sources, but she then coped, managed and continued these shops by having a specific training skill about business management.

Such experience was more likely influencing my mother to send her children into higher education and that experience also led myself to continue education into undergraduate study programme which led me to become a professional midwife and then further a member of academic staff at midwifery department, University of Aisyiyah Yogyakarta (UNISA). As a member of academic staff, developing skill and capacity in academic matters are required and it became one of stimulations for me to plan to continue study into master and then PhD education. By opportunity, I was selected as one of Indonesian government scholarship awardee to continue master and PhD education. The University of Leeds was one of list of universities suggested by Indonesian government for PhD scholarship awardees.

Started from that time, I began to think about topic area for research. The choice about adolescent pregnancy was because of my personal experience that the number of pregnant adolescents was growing in around researcher's neighbourhood. Additionally, experience as a professional midwife and member of an academic staff in midwifery department enabled researcher to have update issues related to women and reproductive health in Indonesia including increasing number of adolescent pregnancy. An academic conference and seminar related to reproductive health also become one of stimulation to explore more about evidence related to adolescent pregnancy. There was an assumption



that female adolescents should be the most suffering people when pregnancy occurred. Experience of midwifery practices and living at the similar context influenced my assumption related to pregnant adolescents burden. According to Morse (2001), the background of the researcher, will be valuable in providing a variety of perspectives. Being a midwife and a member of academic staff in a midwifery department in Indonesia led the researcher to be able to locate the potential research topic in Indonesia.

Initially, I was working from the stand-point of wanting to understand the experiences of pregnant adolescents and aiming to identify the best healthcare services model for them by comparing maternal health services in the United Kingdom and Indonesia. However, at the process of literature searching for research evidence related to adolescent pregnancy in Indonesia, there was a very limited research evidence found, specifically about adolescent experiences during pregnancy and parenthood, including males as participants. Evidence also showed that there were no specific healthcare services for pregnant adolescents in Indonesia. Therefore, a comparison study could not be undertaken and it seemed appropriate to focus on the exploration of Indonesian adolescents' reproductive practices and their experiences during pregnancy and their early parenthood, including female and male adolescents as participants. An exploratory qualitative research was selected as it was deemed appropriate to be used to reach the aim of this PhD research. Details of the qualitative exploratory research is explained in Chapter 3. As this was the first experience of qualitative research; it was assumed that it would be a challenge and that I needed to learn more about conducting qualitative research and methods. Several training courses related to qualitative research have attended and helped me to understand and guide the process of conducting qualitative research. Detail of the reflection after data collection will be described in Chapter 7.

## **1.10 Structure of the thesis**

This thesis includes seven chapters; **Chapter 1** introduces key issues about topic of interest, context, challenges and aims of the PhD research and provide a local Indonesian context. **Chapter 2** provides background of adolescent pregnancy

and parenthood in low-lower and middle-upper middle income countries specific context in order to develop understanding about adolescent pregnancy in low-lower and middle-upper middle income countries. Given that study 1 (Chapter 4) is a qualitative systematic review of the experiences of pregnant adolescents and their partner in Indonesian and other low-lower and middle-upper middle income countries, this background underpins the topic of interest.

**Chapter 3** presents the research paradigm, methodological approach and methods employed in the PhD research. It also presents the research design and methods, ethical process and procedures, ethical issues, researcher effect and researcher bias, positionality and role of the researcher are also presented. The rigour of the research marks the end of this chapter. **Chapter 4** reports details of the methods, process and findings of study 1 which is a qualitative systematic review of health and social experiences of pregnant adolescents and their partners in Indonesia and other low-lower and middle-upper middle income countries. A discussion of emergent themes and findings is also provided.

**Chapter 5** describes detail of the methods and process as well as the findings of study 2 which is an in-depth study of Indonesian adolescents' reproductive health and their experiences during pregnancy. The discussion and interpretation related to emergent themes and findings of study 2 is also presented. **Chapter 6** details methods and process as well as findings of study 3 which is an in-depth study of young parents' experiences during their early parenthood. The discussion and interpretation related to emergent themes and findings of study 3 is also described.

**Chapter 7** provides an overarching discussion of the studies conducted which uses Foucault's concept of power relationships in society to explore, draw together and help explain findings. Wider literature is used to support and debate findings in a social context. Furthermore, implications, recommendations, dissemination and conclusions are described in this chapter 7. It is also examines how the findings can inform health and social care practice for the Indonesian government, public and other low-lower and middle-upper middle related to adolescent pregnancy and parenthood.

## **1.11 Summary**

An overview of the Indonesian local context and a rationale for the study is presented in this chapter, along with the geographic, social and economic landscape in Indonesia. The concepts of power, society and relationship are presented. The aim of the research, along with research questions, purposes and objectives, reflection of the researcher and structure of the thesis are included. The following chapter presents a background for the PhD research.

## **Chapter 2 Background**

### **2.1 Introduction**

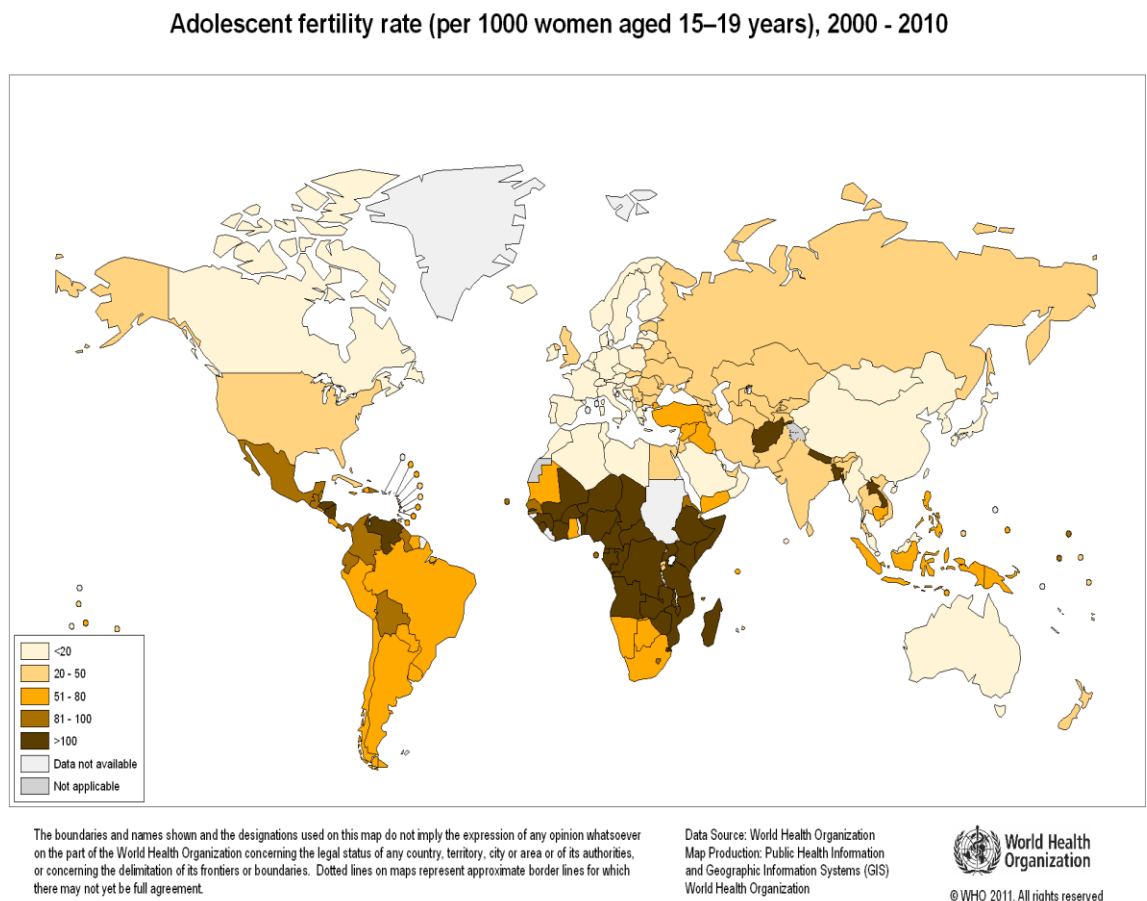
The background provides an overview of adolescent pregnancy and parenthood in the context of low-lower and middle-upper middle income countries. The incidence of adolescent pregnancy and parenthood, reasons of why adolescents engaged in early sexual relationship and risks associated with adolescent pregnancy, child birth and parenthood are provided. The background is presented in order to bring an overview of adolescent pregnancy and parenthood in the context of low-lower and middle-upper middle income countries.

### **2.2 Incidence of adolescent pregnancy and parenthood**

Adolescent pregnancy in general refers to pregnancy among young women aged 15-19 (WHO, 2014a). The United Nations International Children's Emergency Fund (UNICEF) defines adolescent pregnancy as a pregnancy that occurs among female adolescents under the age 19 (UNICEF, 2009). Meanwhile, adolescent parenthood is described as primarily adolescents who give birth to and elect to parent a child (WHO, 2008; UNPF, 2013). Adolescent pregnancy is a global issue as it potentially brings adverse health and social consequences for both mothers and children (WHO, 2014a; WHO, 2015). Data shows that 3 million unsafe abortions lead to maternal mortality caused by unplanned adolescent pregnancy and babies born to mothers under 20 years of age face a 50% higher risk of being stillborn or dying in the first few weeks versus those born to mothers aged 20-29 (WHO, 2014a). Additionally, adolescent pregnancy that is associated with early childbearing is more likely to contribute towards poor health outcomes among female adolescents, particularly when there is no adequate healthcare support (Koniak-Griffin and Turner-Pluta, 2001; WHO, 2015). Details of health and social experiences of pregnant adolescents and their partners are explained in Chapter 4 as part of the qualitative systematic review study.

The Figure 2-1 describes trends of adolescent fertility rate from 2000-2010 across countries according to WHO (2011). There is no specific data reporting the rate of adolescent parenthood, however, the rate of adolescent pregnancy seems to be an indicator of adolescent parenthood. Overall actual rates of adolescent

parenthood are unclear. According to the United Nations Population and Fund (UNPF) (2013), 95% of the world's births are in low-lower and middle-upper middle income countries and nearly a fifth of all women become pregnant by the age of 18 in low-lower and middle-upper middle income countries (UNPF, 2013). Furthermore, female adolescents under 15 account for 2 million of the 7.3 million births that occur among female adolescents (WHO, 2014a).

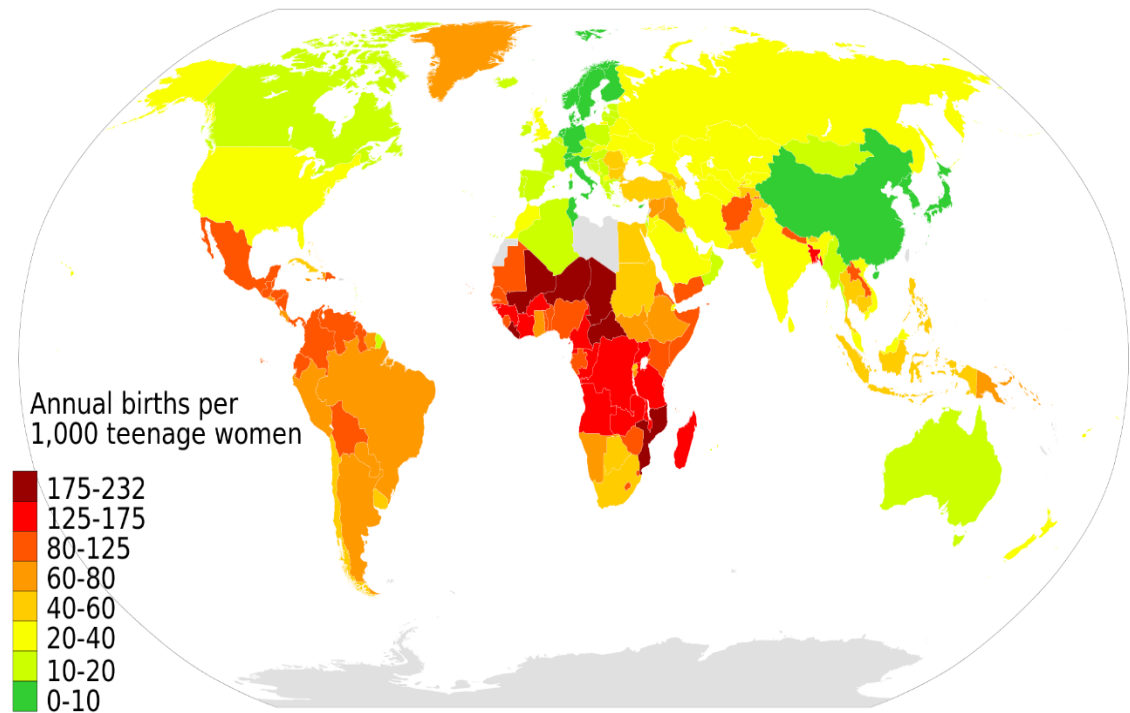


**Figure 2-1: Adolescent fertility rate across countries from 2000-2010**

The health and social issues associated with adolescent pregnancy are a concern across countries (UNICEF, 2009; WHO, 2014b). Figure 2-1 shows that there is variation of adolescent fertility rate, it is notable that the UK rates in this data were similar to middle income countries such as India, Thailand and Iran. However, the UK has infrastructure to support teenage pregnancies and opportunity for adolescents to continue education. It is therefore likely that pregnant adolescent in the UK will have better specific support needed in both health and social aspects. Meanwhile, in low-lower and middle-upper middle income countries,

they were still struggling with the lack of resources, number of staff, and appropriate trained healthcare providers, which reflect they still had challenges in infrastructure and human resources (Chandra-Mouli et al., 2013). Adolescents pregnancy which occurred across low-lower and middle-upper middle income countries therefore are more likely to have lack of adequate health and social supports and consequently have greater risk of adverse maternal and child health outcome (UNPF, 2013; WHO, 2014a). Although the figure 2-1 provides brief overview of the rate of adolescent pregnancy globally, this background focusses on low-lower and middle-upper middle.

Figure 2-1 shows that the highest adolescent's fertility rate occurred in low- lower and middle- upper middle income countries, mostly in Sub Saharan African countries. Whilst, Nepal, Laos and Afghanistan were lower income countries in Asian countries which also experienced highest rate of adolescent fertility. Additionally, in American countries there were Venezuela, Honduras and Nicaragua were also low-lower and middle-upper middle income countries which experienced high number of adolescent fertility rate. On the other hand, almost all of the high income countries such as Canada, Norway, Sweden, Japan and Australia had the lowest adolescent fertility rate. A striking feature is China which is a middle income country, yet reported the lowest adolescent fertility rate. This could be the result of the policy of 'one child only' which was introduced since 1979 to reduce the Chinese population (Currier, 2008; Beal-Hodges et al., 2011). Possible reason also it may related to social culture within Chinese people, evidence shows that Chinese have a strong tradition emphasising education which subsequently influenced people's behaviour to continue higher education and delay childbearing (Zhenzhen et al., 2009; Cai, 2010). Furthermore, the picture in Figure 2-2 describes trends of annual births per 1,000 female adolescents.



**Figure 2-2: Annual births per thousand female adolescents from 2007-2012**

The figure 2-2 shows that there is consistency between the rate of adolescent fertility in figure 2-1 and the annual birth rate. The highest annual births occurred in low-lower and middle-upper middle income countries, and lowest annual births were in high income countries. Therefore it may be that adolescent pregnancies in these countries were not being terminated, which may indicate adolescent parenthood.

### **2.3 Reasons why adolescents engage in sexual relationships leading to adolescent pregnancy**

Sexual relationships leading to adolescent pregnancy and parenthood in low-lower and middle-upper middle income countries are reportedly due to four key reasons across a range of low- lower and middle-upper middle income countries: customs and traditions; limited knowledge about SRH and limited access to contraception; peer pressure; and sexual abuse that leads to rape (WHO, 2008; WHO, 2014a). Many of these reasons are also associated with living in poverty; low self-esteem and low educational ambitions (Fenn et al., 2015).

Customs and traditions relating to adolescent pregnancy (WHO, 2015), such as early marriage, are common practices in some low-lower and middle-upper

middle income countries such as in Afghanistan, Pakistan and Bangladesh (Bott et al., 2003; Were, 2007; Ferdousi, 2014; Naveed and Butt, 2015). Furthermore, social conditions such as poverty also contribute to early childbearing and leads to adolescent pregnancy (Schuler et al., 2006; Juma et al., 2013). Marriage among female adolescents may be a strategy for a family's economic survival because when female adolescents marry, they would become the husband's financial responsibility, lessening the financial burden on her own family (Schuler et al., 2006; Pande et al., 2011; Lemon, 2016). Moreover, in a community where premarital sexual relationships is considered shameful and immoral, early marriage has also been reported as a strategy led by parents, to prevent their children from premarital sexual relationship such as in Egypt (Pradhan et al., 2015; Sieverding and Elbadawy, 2016). In Indonesia, legislation from 1974 restricting child marriage underpinned a women's movement (Bedner and Huis, 2010). Marriage is therefore is expected among those aged 20 and above in general Indonesian context (Purdy, 2006; Buttenheim and Nobles, 2011).

Limited knowledge of SRH amongst adolescents is also a factor related to adolescent pregnancy (WHO, 2014a; Fenn et al., 2015). For example in South Africa, a qualitative exploratory survey revealed that 61% amongst 147 pregnant adolescent reported having inadequate knowledge of SRH which may have contributed to their pregnancy (Mushwana et al., 2015). Additionally, in Malawi Kaphagawani and Kalipeni (2017) reported that lack of knowledge related to SRH contributed to 30% adolescent pregnancy occurrence amongst 422 participants. In Uganda, evidence reported adolescents were experiencing a lack of education related to SRH and missing understanding about contraception which led to their pregnancy (Atuyambe et al., 2015). Evidence also reported that missing an understanding related to contraception has high risk of adolescent pregnancy (Were, 2007; Fenn et al., 2015). For example, in Tanzania and Malawi evidence reported that fear of side effect, disapproval from partner and condoms disappearing were cited by pregnant adolescent for not using contraceptives, suggesting that many adolescents had poor understanding related to contraception (Nyakubega, 2009; Kaphagawani and Kalipeni, 2017). Furthermore, literature also suggests that limited access to contraception also contributed to high rates of adolescent pregnancy (UNPF, 2013). In some low-



lower and middle-upper middle income countries such as in Indonesia, Malaysia, Bangladesh and Egypt, contraception can only be legally accessed by married people and abortion is offered only for medical reasons, particularly where continuation of pregnancy is assessed to be harmful to maternal health (Chandra-Mouli et al., 2013). Whilst, premarital sexual relationship is prohibited in some low-lower and middle-upper middle income countries like in Indonesia and Egypt, it does occur (Kumar et al., 2009; Utomo et al., 2010; Sieverding and Elbadawy, 2016). It is more likely that limited access to contraception therefore consequently led to adolescents engaged in sexual relationship without contraception (Dalby et al., 2014; Borovac-Pinheiro et al., 2016), which has a high risk of adolescent pregnancy occurring.

Peer pressure to engaging in sexual relationships and consequently intercourse was reported to be an important factor that shapes adolescent attitudes including sexual behaviour (Tomé et al., 2012). There was a study conducted in South and South East Asian countries which shows that among 500 female and male adolescents, 10 % of them were engaging in sexual relationships because of a lack of confidence to resist peer pressures (Wong et al., 2009). Furthermore, evidence from studies in China, Ghana, Brazil, and Malaysia also show that having peers who practice sexual relationships was associated with adolescents having sexual relationships (Yan et al., 2010; Antonio et al., 2012; Ahmadian et al., 2013; Bingenheimer et al., 2015). However, there was no particular data which explained how a big number of peers could influence adolescents' sexual relationship involvement.

The prevalence of sexual abuse leading to rape female adolescents ranges between 15% and 40% in sub-Saharan Africa (Kilonzo et al., 2009). Evidence from Malawi showed that most sexually active among female adolescents had the first sexual relationship with a man older than them and 56% of female adolescents experienced forced sex with resulting in adolescent pregnancy (Munthali et al., 2014). Furthermore, a study conducted in Ghana explained that 18 % of 700 female adolescents experienced sexual abuse and consequently were raped whilst of school age, of which 75 % of them had to leave school due to pregnancy (Bingenheimer and Reed, 2014).

These factors contributing on adolescent pregnancy above are associated with poverty, low self-esteem as well as low educational ambitions (Ganchimeg et al., 2014; WHO, 2014a; Fenn et al., 2015). Research shows that early sexual experiences and pregnancy are characteristic of poverty environment (Asrar, 2015). That is because in many of the cases, the families are in poverty and one less daughter is one less mouth to feed therefore child marriage for their daughter is a coping economic strategy for a poor family (Ferdousi, 2014). Furthermore, low self-esteem has also been identified as a factor that leads to sexual relationships leading to adolescent pregnancy (Ganchimeg et al., 2014). There was evidence present from previous research conducted in Nigeria, Vietnam and Zimbabwe that female adolescents experienced receiving pressure to engage in sexual relationships from their boyfriend or their boyfriend refuse to use a condom, whilst female adolescents lack confidence to resist the sexual relationships, in which such practices are increasing the risk of adolescent pregnancy (Klingberg-Allvin, 2007; Osaikhuwuomwan and Osemwenkha, 2013; Mutanana and Mutara, 2015). Additionally, in terms of education, low education ambition or lack of opportunities in formal education has also been identified as increasing the risk of adolescent pregnancy. In Nicaragua, Bangladesh and Kenya, female adolescents who are not attending school have a high risk of adolescent pregnancy because they are more likely to be vulnerable to engaging in early marriage and becoming pregnant afterwards (Were, 2007; Lion et al., 2009; Pradhan et al., 2015).

## **2.4 Risks associated with adolescent pregnancy, childbirth and parenthood**

This section outlines some health risks associated with adolescent pregnancy, childbirth and parenthood. Health and social experiences amongst pregnant adolescents are presented as part of qualitative systematic review in Chapter 4. Evidence shows that adolescent pregnancy brings adverse physical and psychosocial outcomes for both young mothers and children as well as for young fathers (Chandra-Mouli et al., 2013; WHO, 2014a). In terms of maternal health outcomes, pregnant adolescents are twice as likely to have pregnancy and childbirth related complications compared to older women (Saxena et al., 2010).

The underdeveloped pelvis in younger adolescents may contribute to difficulties in childbirth than adults or mature adolescents, who have fully developed bone structure (Sulaiman et al., 2013). In terms of perinatal health outcomes, babies born to adolescents under the age of 18 years old have a 50% increased risk of dying before they reach the age of one than babies born to women in their twenties (Edirne et al., 2010; Ganchimeg et al., 2014). It is also possible that the increased risk of poor pregnancy outcomes in the adolescent pregnancy is related to difficulties in accessing healthcare services and receiving less prenatal care. Research also indicates that pregnant adolescents are less likely to receive prenatal care than older women, often seeking it only in the third trimester (UNFPA, 2013).

A study conducted in Malaysia reported that among 177 adolescent pregnancies and births, there were 24.3% who had preterm births, 24.1 % had low birth weight, and 4.5% with very low birth weight (Sulaiman et al., 2013). Furthermore, evidence from Nepal shows that among 672 adolescent mothers, 53% had complications in their pregnancies and delivery process i.e. preterm births (27.5%), hypertensive disorders of pregnancy (20.17%), premature rupture of membranes (18.21%), abortion (14.57%), anaemia (8.12%), low birth weight (16.86%), and stillbirths (5%) (Yasmin et al., 2014). Additionally, in India among 4,908 adolescent pregnancy cases 30% of them experienced complications i.e. preterm births (17.1%), severe Pregnancy Induced Hypertension (PIH) (17.1%) and severe anaemia (11.4%) among the mothers, low birth weight (77.2%) and perinatal mortality (8.6%) (Mohite et al., 2014).

Furthermore, previous research showed that adolescent mothers are over twice as likely as adult mothers (10–12%), as well as their non-parenting peers (8–12%), to experience severe depression to warrant a clinical diagnosis (Lewinsohn et al., 1994). In addition, men who fathered before aged 20 were found to have significantly greater anxiety and higher rates of depression than men who first fathered during their 20s (Heath et al., 1995; Quinlivan and Condon, 2005; Lee et al., 2012) and as a consequence of lower educational attainment, had a less prestigious occupation, more unstable marriage and were less physically healthy compared to their peers whom delayed childbearing (Taylor, 2009). Adolescent mothers typically had a lower level of education or job skills, making them

financially dependent on their husband, or turn to family, or foster care for seeking supports (Gillmore et al., 2008). Further health and experiences related to adolescent pregnancy and parenthood will be explained as a part of systematic review in Chapter 4.

## **2.5 Policy context: adolescent pregnancy and parenthood**

In response to adolescent pregnancy and parenthood across low-lower and middle-upper middle income countries, WHO published a guideline for preventing adolescent pregnancy and poor reproductive outcomes (WHO, 2011a). The guideline focuses on six domains which were: preventing early marriage; preventing early pregnancy through SRH education, increasing education opportunities, and economic and social support programmes; increasing the use of contraception; reducing coerced sex; preventing unsafe abortion; and increasing the use and the safety of prenatal care, childbirth, and postpartum care programmes (WHO, 2011a; Chandra-Mouli et al., 2013).

Whilst addressing issues of adolescent pregnancies is a global commitment, the implementation of the recommendation is variable. Some low-lower and middle-upper middle income countries have adopted the guideline, such as in South Africa, by improving access to SRH services including contraception for adolescents (Hoopes et al., 2015). However, challenges remain in terms of implementing these guidelines, due to inadequate infrastructure, sociocultural norms within communities, or resistance from community gate keepers such as community and religion leaders (MCur et al., 2010; Shung-King, 2013a; Hoopes et al., 2015). For instance, in South Africa the implementation of the Integrated School Health Policy has been limited by insufficient financial and human resources and a lack of training and standard practices for schools (Shung-King, 2013b). In Indonesia, preventing adolescent pregnancy is a national agenda, such as promoting SRH services and education involving peers, parents and religious leaders, campaigning for the increase of marriage age and promoting no sex before marriage (BKKBN, 2013; BKKBN, 2015). However, there is still no official data or evaluation of the programme to judge its success. In Pakistan, SRH education, counselling, and contraceptive provision has been provided as a national health strategy in order to increase sexual knowledge, and contraceptive

use, and to decrease adolescent pregnancy (Salam et al., 2016b). However, health practitioners face several challenges with adolescents such as difficulties to invite adolescents to visit SRH services. Therefore health practitioners require specialised skills for consultation, interpersonal communication, and interdisciplinary care (Salam et al., 2016a). In Iran, a number of educational SRH programmes, such as puberty, family life, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), and life skills, have been developed for unmarried adolescents, however, it is not efficient as there is no sex education in the school curriculum (Vakilian et al., 2011; Mosavi et al., 2014). From the evidence above, it seems that interventions to reduce adolescent pregnancy are varied with little formal evaluation to assess their effectiveness and efficacy.

## **2.6 Summary**

In this chapter, background information related to adolescent pregnancy and parenthood in low-lower and middle-upper middle was presented. In order to understand aspects contributing to experiences of adolescent pregnancy and parenthood in the specific context of low-lower and middle-upper middle, in the next chapter, the research worldview, methodology, methods of the research and ethical consideration will be explained.

## **Chapter 3 Research Worldview, Methodology, Methods and Ethical Consideration**

### **3.1 Introduction**

In this chapter, the research worldview and methodology is presented. An explanation about qualitative research and a selection of qualitative methodological approaches are discussed. A brief overview of research designs, aims and objectives for study 1, 2 and 3 are also provided. Furthermore, ethical consideration, ethical approval, access to the field and participants are explained as well as potential researcher effect and bias, and positionality. Rigour of this research is also presented in this Chapter 3.

### **3.2 Research worldview**

A research worldview is reported to be a set of basic assumptions that informs methodological decisions and consequently the methods which are used to investigate research (Crotty, 1998; Creswell and Creswell, 2013). It fundamentally influences the researchers' views on how they see the world, determining their perspectives and developing an understanding of how things are connected (Denzin and Lincoln, 2003). It is argued that researchers' personal philosophical beliefs and principles guide as a general philosophical orientation, which may influence their actions in terms of how researcher view the world and how it could be investigated (Crotty, 1998; Creswell and Creswell, 2013). Such as the choice of research questions, approaches to data collection and interpretation (Crotty 1998).

The three fundamental philosophical assumptions are: ontology, epistemology and methodology (Lincoln and Guba, 1985; Crotty, 1998; Creswell and Creswell, 2013). Ontology is about ways of known reality (Lincoln and Guba, 1985; Creswell and Creswell, 2013). This research therefore follows constructivism. Constructivism views a world is universal, absolute realities are unknowable and there is no single reality or truth (Lincoln and Guba, 1985; Crotty, 1998; Creswell and Creswell, 2013). Epistemology is asking basic beliefs about knowledge and focuses on the knowing process (Lincoln and Guba, 1985; Silverman, 2011;

Creswell and Creswell, 2013), for example in this research, it is belief that reality is about the way every individual makes meaning in the events of their lives and individual develop their subjective meaning of their experiences (Lincoln and Guba, 1985; Crotty, 1998; Creswell and Creswell, 2013). In terms of epistemology this research is trying to construct reality from individuals' perspectives (Crotty, 1998; Denzin and Lincoln, 2000; Creswell and Creswell, 2013). Researcher views that reality is subjective and multiple, as seen by participants in the research study, and is constructed by those who are involved in the research situation which is primarily the researcher. To remain grounded the researcher used quotes and themes in words of participants and provided evidence of different perspectives. Thus reporting participants realities. Methodology points to what researchers use to know the reality (Silverman, 2011; Creswell and Creswell, 2013), for example this research used qualitative research by applying in-depth qualitative interviews to construct the reality (Lincoln and Guba, 1985; Creswell and Creswell, 2013). In terms of methodology this research used an inductive approach which is described as research that gathered the data from one-to-one interviews to subthemes and themes (Lincoln and Guba, 1985; Crotty, 1998; Denzin and Lincoln, 2000; Creswell and Creswell, 2013). The methodology applied in this research will be detailed in section 3.3.

### **3.3 Methodology: qualitative research**

Qualitative research is a form of social inquiry that focuses on the way people interpret and make sense of their experiences (Denzin and Lincoln, 2000) with a common aim of trying to understand the social reality of individuals, groups and cultures (Flick et al., 2007; Creswell, 2014). It tends to explore behaviour, perspectives, feelings and experiences of people's life (Denzin and Lincoln, 2003; Flick et al., 2007; Green and Thorogood, 2009). Qualitative research also helps researchers discover meanings, experiences and views from participants' words (Pope and Mays, 2006) and can provide a rich, descriptive, valuable understanding of individuals' attitudes, beliefs, motivations, opinions, aspirations, and behaviours (Green and Thorogood, 2009). Qualitative research offers opportunities for researchers to explore new areas of research using open-ended question, and therefore it gives a chance for the researcher to build new

evidence, facts or even theories (Denzin and Lincoln, 2003; Flick et al., 2007). However, the approach is not without limitations, potential research bias in particular and strategies have been put in place to minimise such bias (see section 3.6 in this Chapter).

This research used a generic exploratory qualitative research approach which is adopted from Merriam and Merriam (1998) which Thorne described as non-categorical qualitative research (Thorne, 2009). This qualitative approach has no guiding set of specific characteristics (Caelli et al., 2003). Even though a generic exploratory qualitative approaches does not claim any single established qualitative methodology approach, it can draw on the strengths of established methodologies (Kahlke, 2014; Bellamy et al., 2016). Thus enabling researchers to be flexible to adopt other techniques of qualitative research approaches such as techniques of ethnography, case study method, grounded theory and the techniques of action research, but does not claim to 'be' any of these in a methodological sense (Merriam and Merriam, 1998; Caelli et al., 2003).

A generic exploratory qualitative research approach can be used when the research focuses on descriptions of what people experience and how they experience what they experience, and it simply seeks to understand a phenomenon, a process, or the perspectives and worldviews of the people involved (Patton, 1990). As the study aimed to explore Indonesian adolescents' reproductive practices and their experiences' during pregnancy and their early parenthood, a generic exploratory qualitative approach has been selected as an appropriate research methodology.

A number of methodological approach were considered. Grounded theory was not selected as this research aimed to explore adolescents experiences where little is known about the topic rather than to generate a theory (Denzin and Lincoln, 2003). Ethnography does not appear to be appropriate to explore the research questions because this research study is not about culture or pattern values of a particular cultural nor does it involve tools of extended observation or even participant observation for data collection that ethnography usually employs (Denzin and Lincoln, 2003; Creswell and Creswell, 2013). Phenomenology was considered as it is characteristically used to investigate participants' lived experiences (Forrester, 2010; Creswell and Creswell, 2013) and it would be right



to be applied to achieve the overall aim i.e. to exploring adolescents' reproductive practices and their experiences during their pregnancy and early parenthood. However, the objectives of this research led the researcher towards a more flexible approach. Therefore, generic qualitative research methodology was deemed suitable to be used in order to explore this research's questions.

### 3.3.1 Research design

Exploratory qualitative research was used as a research design to gathered deep and rich information from personal experiences which was difficult to reach by measuring or counting numbers, prevalence or impact which quantitative methodologies usually focus on (Creswell, 2014). Additionally, exploratory qualitative research allowed the researcher to use open-ended questions and it also gave the opportunity for participants to respond to the questions by using their own words rather than forcing them to choose fixed responses (Mack et al., 2011). Having considered the above reasons for selecting exploratory study, a qualitative systematic review and two qualitative empirical studies were employed. Diagram 3-1 outlines the overview of exploratory qualitative research design:

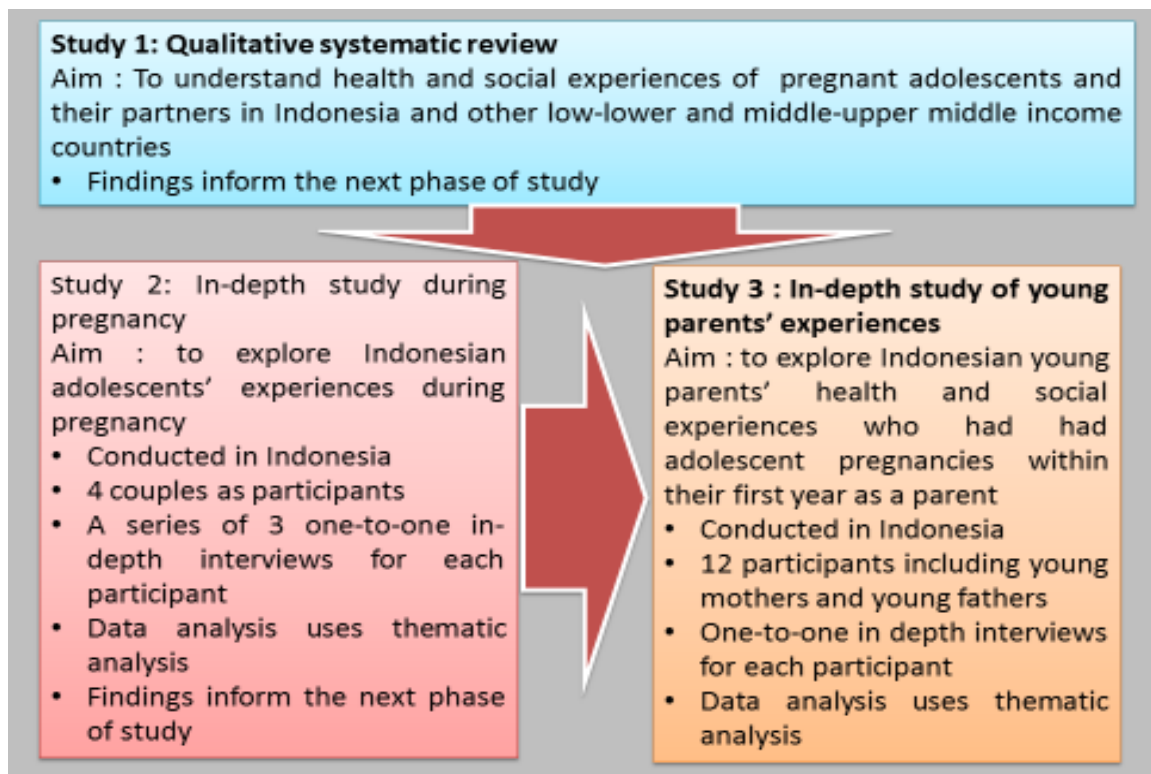


Figure 3-1: Design of research

### **3.3.2 Description of the research**

This section provides brief descriptions of the three studies. Study 1 is a qualitative systematic review, study 2 and 3 are empirical studies which were conducted in Indonesia.

#### **3.3.2.1 Study 1: Qualitative systematic review and its rationale**

The first study was a qualitative systematic review to provide comprehensive insight into the health and social experiences of pregnant adolescents and their partner in Indonesia and other low-lower and middle-upper middle income countries. Qualitative systematic reviews are studies that identify, gather, appraise and synthesise all the available qualitative research evidence of a particular subject (Davies et al., 2011) and are appropriate where the aim is to synthesise evidence related to peoples' experiences (Wilson et al., 2010). Integrated evidence is expected in a systematic review (Campbell et al., 2003). For this study, a synthesis was to provide insight into what is known about adolescents experiences of their pregnancy and postnatally in low-lower and middle-upper middle income countries to inform and guide the interview questions of study 2 and 3.

##### **3.3.2.1.1 Aim**

The aim of this study was to explore health and social experiences of pregnant adolescents and their partners in Indonesia and other low-lower and middle-upper middle income countries in order to inform study 2 and 3.

##### **3.3.2.1.2 Objectives**

1. Explore and synthesise health and social experiences of pregnant adolescents and their partner in Indonesia.
2. Explore and synthesise health and social experiences of pregnant adolescents and their partner in other low-lower and middle-upper middle income countries.
3. Compare and contrast the health and social experiences of pregnant adolescents and their partner between Indonesia and other low-lower and middle-upper middle income countries.

### **3.3.2.1.3 Methods**

Seven steps were: (1) develop a review questions; (2) state a clear aim and objectives; (3) carry out a comprehensive literature search strategy; (4) screen results of the search strategy; (5) critically appraise included studies; (6) synthesise; and (7) assess heterogeneity of study findings (Walsh and Downe, 2005; Petticrew and Roberts, 2006; University of York. NHS Centre for Reviews and Dissemination., 2009; Gough et al., 2012). The process of the study 1 are presented in Chapter 4.

### **3.3.2.2 Study 2: An In-depth study of pregnant Indonesian adolescents and their partner during the pregnancy**

Study 2 explored the experiences of unmarried (at time of conception) pregnant Indonesian adolescents' and their partners during pregnancy, adopting an in-depth approach to explore participants' experiences, through detailed, in-depth data collection (Creswell, 2014). Within this research, in-depth study was employed to gain information about Indonesian adolescents' experiences who are experiencing adolescent pregnancy due to premarital sexual relationships whilst resident in Indonesia. Data were gathered over three different time points: early contact, mid-point of the expected date of birth and close to the expected date of birth. These findings were to provide actual and contextual which also guided interview questions for study 3

### **3.3.2.3 Aim**

Study 2 aimed to explore Indonesian adolescents' experiences during pregnancy.

### **3.3.2.4 Objectives**

1. Explore the experiences of pregnant, female Indonesian adolescent residents in Indonesia.
2. Explore the experiences of male Indonesian adolescents who have a pregnant Indonesian girlfriend whilst resident in Indonesia.
3. Compare and contrast between female and male Indonesian adolescent experiences whilst resident in Indonesia.

### **3.3.2.5 Study 3: An In-depth study of health and social experiences of young parents in Indonesia**

Study 3 explored health and social experiences of young parents in Indonesia during their early parenthood. Interviews were undertaken to gather data guided by a topic guide which was developed based on the findings of study 1 and 2.

#### **3.3.2.5.1 Aim**

The aim of study 3 was to explore health and social experiences of Indonesian young parents who had had adolescent pregnancies within their first year as a parent.

#### **3.3.2.5.2 Objectives**

1. Explore young mothers' health and social experiences after the birth of their baby.
2. Explore young fathers' health and social experiences after the birth of their baby.
3. Compare and contrast health and social experiences and life changes of young Indonesian mothers and fathers.

### **3.3.3 Methods for study 2 and 3**

Research methods refer to the specific technique or procedure used to gather and analyse data (Silverman, 2006), namely population, sample technique and sample size, inclusion and exclusion criteria, participants' recruitment process, data collection and data analysis. The following sections summarise the methods used. How the methods of study 2 and 3 were applied are presented in detail in Chapter 5 for study 2 and in Chapter 6 for study 3.

#### **3.3.3.1 Study population, sample technique and sample size**

Study population refers to a study of a group of individuals taken from the general population (Flick et al., 2007), whilst sample means representatives of the study population (Creswell, 2014). This study population in this research was Indonesian adolescents with premarital pregnancy and their partner (for study 2) and young parents experienced premarital pregnancy (for study 3). As both studies 2 and 3 were located in the exploratory qualitative research, a non-probability sampling technique was selected. A non-probability sampling

technique does not involve random selection (Patton, 1990; Sandelowski, 1995; Trotter, 2012), and it is appropriate for qualitative research which aims to provide an in-depth understanding of the world, as seen through the eyes of the people being studied and not to produce a statistically representative sample or draw statistical inference. Samples size for qualitative studies are generally much smaller than those used in quantitative studies (Mason, 2010). Ultimately, qualitative samples are drawn to reflect the purpose and aims of the study (O'Reilly and Parker, 2013), therefore the sample of study 2 and 3 was planned, which also considering gender balance and diversity of the participants. Detail of how sampling techniques were applied can be seen in Chapter 5 for study 2 and Chapter 6 for study 3.

### **3.3.3.2 Inclusion and exclusion criteria**

Inclusion criteria are defined as characteristics of the potential participants must have if they are to be included in the study, whilst exclusion criteria are characteristics that disqualify potential participants from inclusion in the study (Trotter, 2012; Creswell and Creswell, 2013). Inclusion and exclusion criteria are essential to be employed to help the researcher find the most suitable candidates to participate (Denzin and Lincoln, 2000; Creswell et al., 2007). The details of inclusion and exclusion criteria and how they were applied for study 2 and 3 can be found in Chapter 5 and 6 respectively.

### **3.3.3.3 Recruitment**

Participant recruitment involves a number of activities, including identifying eligible participants, adequately explaining the study to the potential participants, and recruiting an adequate sample based on study aim and design (Yin, 2009; Smith et al., 2011; Creswell, 2014). Participants' recruitment is a vital process which influence to the success of research study (Seed et al., 2009), to be able to answer research questions. Literature echoed that research which explores a sensitive topic of people's experiences found retention or low recruitment rates, for example research which explored behavioural problems, alcohol abuse, adolescent pregnancy and cigarette smoking (Faden et al., 2004; Seed et al., 2009). Therefore strategies to improve participant recruitment were introduced in study 2 and 3, which can be found in Chapter 5 and 6 respectively.

#### **3.3.3.4 Data collection**

Data collection for qualitative research usually involve direct interaction with individuals on a one-to-one basis or direct interaction with individuals in a group setting (Flick et al., 2007). The main methods for collecting qualitative data are individual interviews, focus groups, observations and action research (Jeanfreau and Jack, 2010; Trotter, 2012). A one-to-one in-depth interview guide was used for study 2 and 3 as an appropriate way to collect sensitive data and facilitate participants to freely express their views privately (Morse et al., 2001; Flick et al., 2007). This technique enabled exploration of the experiences using topic guidelines and probing questions to explore important points for individuals and factual situations (Morse, 1992). Since the topic of this PhD research study is arguably a sensitive topic in an Indonesian context, a one-to-one in-depth interview was preferred to gathered data rather than group interviews or a focus group to probe information from participants. In-depth interview also offers the potential to obtain in-depth data, and facilitated movement from general to specific issues. It provided an opportunity to engage in a purposeful way with the participants, gaining their views, perceptions and thoughts, understanding their interpretations of the health and social context of Indonesian tabooed culture where pregnancies occurred outside of marriage. As there was a potential that when discussing their pregnancy and parenting experiences the participants might be distressed, a protocol for managing distress was developed informed by Draucker et al. (2009). The following procedures present the protocol for managing distress. Should a participant become uncomfortable or distressed whilst discussing their experience, the following actions would be taken by the interviewer:

1. Stop the discussion or interview and ask if the participants wants to rest.
2. Assess their feelings and thoughts, for example by asking the participant a question such as 'Tell me what thoughts you are having?' 'Tell me what you are feeling right now?' 'Do you feel you are able to go on about your day' or 'Do you feel safe?'
3. Review the condition of the participants, if the participant will continue the interview or they want to complete it later or offering of the rearrangement of the interview.

4. If the participant wishes this to complete the interview, the interview will be completed.
5. Time will be spent with the participant and assistance provided, within the scope of the interviewers abilities, to discuss their concerns and support them, if appropriate.
6. The participant will be recommended to speak to a midwifery member of staff to discuss their concerns.
7. A follow-up phone call will be made by the interviewer the following day to ensure that the participant is alright. During this time, the information previously provided regarding to the support and will be, once again, provided.

### **3.3.3.5 Data analysis**

The process of analysis for qualitative research involves uncovering and/ or understanding the big picture, by using the data to describe the phenomenon and what this means (Ritchie and Spencer, 1994; Flick et al., 2007). Thematic analysis for identifying, analysing and reporting patterns in the data was selected in study 2 and 3. Additionally, thematic analysis provides a flexible research tool that can potentially provide a rich and detailed, yet complex account of data in terms of reporting experiences, the reality of participants and meanings (Pope and Mays, 2006; Clarke and Braun, 2013). Furthermore it can be used to study which acknowledges the ways individuals make meanings of their experience, and, in turn, the ways the broader social context impinges on those meanings (Green and Thorogood, 2009). As this PhD research aimed to explore Indonesian adolescents' experiences and data were gained from participants' words and views, thematic analysis was deemed appropriate to be used for data analysis. Detail how data analysis was applied in study 2 and 3 are presented in Chapter 5 for study 2 and Chapter 6 for study 3.

## **3.4 Ethical consideration**

Research ethics refers to moral principles guiding research from its inception through to completion and publication of results (Oates et al., 2010). Conducting research with human participants involves interaction between the researcher and participants. Such a situation may cause problems as it may lead to

undesirable effects for both the researcher and participants such as physical risks and emotional harm (WHO, 2011b). As this study involved adolescents as participants, ethical principles for research were considered in order to minimise any risks of physical and emotional harm.

Ethical issues included the practical processes of seeking ethical approval and identifying ethical issues for participants i.e. autonomy and informed consent, confidentiality and anonymity, assessing the risk of harm, and researcher safety (Homan, 1991; Pope and Mays, 2006; Porter, 2007; Pannucci and Wilkins, 2010). Autonomy is described as the acknowledgement of the rights of the individuals to determine their own course of action in accordance with their own wishes and plans (Forrester, 2010). In this PhD Research, autonomy of the participants was also considered, which is explained in Chapter 5 for study 2 and Chapter 6 for study 3.

Informed consent refers to a voluntary agreement to participate in research which involves a process, in which the subject has an understanding of the research and its risks (Babbie, 2001; Bryman, 2004). Informed consent is essential to be obtained before enrolling participants in a particular type of research, in which also applied in study 2 and study 3. Furthermore, confidentiality is a core ethical issue in conducting research (Green and Thorogood, 2009). Confidentiality involves non-disclosure of personal information and includes the right of privacy throughout the research process (Thomas and Magilvy, 2011), for example for study 2 and 3 by removing all details of personal information of research participants in order to maintain confidentiality, privacy and respect (Thomas and Magilvy, 2011).

An additional aspect of ethical consideration is assessing the risk of harm which is described as a process of assessment of any potential risk that could harm both the researcher and participants (Fife, 2005; Creswell, 2014). A further consideration of ethics is researcher safety. The literature suggests that a researcher gathering sensitive data in the field has a potential risk of personal harm and vulnerability to both psychological and physical threat (Punch, 1994; Oates et al., 2010). In order to minimise such risks, the researcher needed to consider personal safety and security (Punch, 1994). Therefore a process called fieldwork risk assessment had done before data collection started. The



researcher also acknowledged of being an adult female interviewer who had to make conversation with male interviewees. Although, interviews were conducted in a private room of public health centres and/ or midwifery private services, the researcher ensure that these places were appropriate to be used since they enabled both the researcher and participants to feel more secure. For example, researcher has lone working colleague during the interviews, interviews were conducted at working hours, and the researcher also explained to participants that the place for the interview was selected in order to enabled them to seek help from midwives in the same building at any time they want. The details of how study 2 and 3 addressed the potential ethical issues will be discussed in Chapter 5 for study 2 and Chapter 6 for study 3.

### **3.5 Ethical approval, access to the field and participants**

Ethical approval should be obtained through ethical review before conducting research with human participants (Homan, 1991; Oates et al., 2010; Snowden, 2014). As it helps the researcher to consider ethical issues and how to manage these. Before conducting research, ethical approval from two institutions was gained i.e. School of Healthcare Research Ethics Committee (SHREC) and Indonesian Ministry of Health in Yogyakarta Province Level (Appendix A). In addition, as part of the ethical process, permission was gained from 'Aisiyiah University of Yogyakarta where the researcher is a member of academic staff. The 'Aisiyiah University of Yogyakarta was a partner institution as the organisation was supporting, in part, the PhD study by way of providing study leave.

The role of the partner institution was influential for profiling the study officially and as a consequence, influenced social acceptability in the research field in an Indonesian context. A further step recruitment was to secure a research permit from the local government (Gunungkidul, Yogyakarta) in order to have access to research fields i.e. a public health centre and a private midwifery clinic. Furthermore, permission was gained from the Director of the Public Health Centre and from a midwifery private clinic. The next step was a brief meeting with staff in both the Public Health Centre and midwifery private clinic as an introduction and to present and profile the research aims and design. In each location where

recruitment was to take place, the role of staff was explained and agreement secured, specifically to give information to potential participants and to share contact details of potential participants who agreed to be contacted. Additionally, permission to use a private room for interviewing was secured. There was positive feedback from both the Public Health Centre and midwifery private clinic in response to the research since it was a first time experience for both institutions for being a place for any research related to exploring adolescent pregnancies, particularly for premarital pregnancy including male adolescent participants.

Procedures for recruitment included access to antenatal records to identify potential participants for study 2 and postnatal records to identify potential participants for study 3. Details of recruitment strategies is explained in the methods section of Chapter 5 for study 2 and the methods section of Chapter 6 for study 3. The researcher was able to access antenatal and postnatal records of potential participants during the period of research as it is a normal practice in Indonesia for the researcher to access the medical record of the patients when they have already obtained ethical approval and official permission from the local government as well as institutions.

### **3.6 Researcher effect and researcher bias**

Researchers are human beings; they could make mistakes or errors during the research processes (Najendran, 2001), which may cause potential bias of the research and need to be minimised. For this research, strategies were adopted from Pannucci and Wilkins (2010), including limiting bias of pre-study, during data collection and process of analysis and interpretation (Zapor et al., 2008; Monahan and Fisher, 2010; Smith, 2011).

Pre-study bias may appear before the study commences such as during developing a research plan (Pannucci and Wilkins, 2010), for example, potential bias of research design and research methodologies. Such potential bias was minimised by developing a clear aim, objectives, purpose and methodology, research design and methods, and by having frequent meetings with the supervisory team for confirmation and feedback. Furthermore, a literature review was conducted to justify the research and oral assessment by internal examiners

from the School of Healthcare prior to the field work helped to raise any potential bias. There was potential for bias during data collection and analysis (Pannucci and Wilkins, 2010). Research was conducted in a different culture and cultural language. There was a risk of potential bias in the translations process as meanings may change and transparency could not be assured. To minimise such bias, a sample of transcriptions was checked by an Indonesian fellow i.e. from audio recording to transcript. Detail of how to minimise potential bias in translations process addressed for study 2 and 3 can be found in Chapter 5 and 6 respectively.

Furthermore, recall bias that may appear in the interview process was also minimised by interviewing participants during their pregnancy i.e. in obtaining data in adolescent pregnancy for study 2 which aimed to explore their antenatal experiences and excluding young parents who have baby over the aged of one for study 3 which aimed to explore their early parenting experiences. Meanwhile, bias of analysis of findings was minimised by using an iterative processes to gain insight and meaningful data as well as to minimise the missed interpretation. Finally, with regards to bias of findings, although study 1 was qualitative systematic review, the synthesise of the findings were transparently provided. In terms of participants' recruitment, only those whom met with inclusion criteria were being recruited in order to provide the data for obtaining the aim of this PhD research. Training about plagiarism and how to paraphrase were completed. Training of qualitative systematic review was also completed. These strategies therefore were employed to minimise the bias of findings.

### **3.7 Positionality**

One of the most important features in researching adolescents is positionality, that refers to a researcher's social, cultural and subject position that can potentially have an effect on how they ask the questions to participants, how they frame themselves and how they engage in relation to participants (Borbasi et al., 2005; Pechurina, 2014). Different positions was considered as one of issues of positionality as the researcher as an adult and the interviewees as adolescents. There was also different age between the researcher and the interviewees. Researcher as an adult who is a member of academic staff in a university and

the participants were adolescents who were in high school or just had left school or quit their job due to adolescent pregnancy. Therefore to ensure that adolescents were able to express their views freely, the researcher acknowledged these power imbalances, for example by offering a handshake at the first meeting, wearing simple clothes (e.g. wearing casual clothes instead of midwifery uniform clothes or work uniform), using daily language in interviews (Morrow and Richards, 1996) and providing small snacks as well as drinks as hospitality. As the research was conducted in a public health centre and a midwifery private clinic, wearing casual clothes assisted differentiation between the researcher and midwifery staff and arguably put participants at ease enabling to explore the experiences of adolescents. It was evident that some participants assumed that the researcher is a religious person as the researcher was wearing a hijab during interviews, so when some participants talked about religious values they keep saying '*you know more about our religion rule*'. Although some participants were very often saying that, the researcher was still be able to explore their own views by using probe questions.

From the outset the researcher was able to meet and discuss with staff about the research including explaining the purpose and details of the research process and data collection in both the public health centre and midwifery private clinic. Even though the researcher was familiar with the locations and member of staff as well as having experience of the midwifery practice network before this research was conducted, the recruitment process was adhered in order to protect potential participants. Therefore, the researcher did not take for granted or advantage of any relationships.

### **3.8 Rigour of the research**

Demonstrating the rigour of the qualitative research is important in order to ensure the quality of the research (Pope and Mays, 2006) and central of the research processes are trustworthiness and authenticity (Lincoln and Guba, 1985; Merriam and Merriam, 1998). In qualitative research, there are quality criteria to describe trustworthiness i.e. credibility, transferability, dependability and confirmability (Lincoln and Guba, 1985). The following table provides an

explanation of how the researcher addressed the rigour of this research, which presents in table 3-1 adapted from Miles and Huberman (1994) page 277-279.

**Table 3-1: Rigour of the research and application within this PhD research**

| Criterion                                  | Concerned with   | Application  |
|--|--|--|
| <b>Credibility (internal validity)</b>     | The extent to which the observer assesses a real situation (Merriam and Merriam, 1998; Silverman, 2006).                         | <ul style="list-style-type: none"> <li>• Discussion meeting with the supervisory team to maintain believability.</li> <li>• Used a digital audio voice recorder to produce high quality audio records.</li> <li>• Verbatim transcription processes were carried out.</li> <li>• Transcripts were also checked against their recordings to ensure that the information obtained from participants were accurately converted.</li> <li>• Transcripts were translated from Bahasa Indonesia to English and back translations were conducted by using a fellow whom fluent in Bahasa Indonesia and English, as well as has experiences in transcriptions and translations of qualitative interviews.</li> <li>• Process of analysis also been recorded to enable the researcher to do an iterative process of data analysis</li> </ul> |
| <b>Transferability (external validity)</b> | To what extent the findings could be applied in other situations (Merriam and Merriam, 1998).                                    | <ul style="list-style-type: none"> <li>• Audit trail by documenting detailed account of research process including the research setting, methods and justification, and processes of interviews, data analysis and reporting findings.</li> <li>• Discussion meeting with the supervisory team to maintain believability.</li> </ul>   |
| <b>Dependability (reliability)</b>         | Refers to the stability or consistency of the inquiry processes usage over time (Mill and Ogilvie, 2003; Houghton et al., 2013). | <ul style="list-style-type: none"> <li>• Transparent description of the research steps taken from the start of a research project to the development and reporting of findings.</li> <li>• Used N-Vivo 10 to store and manage the data. The data were coded and analysis decisions recorded within this software. Labels and descriptions of the codes, initial grouping of codes and eventual theme building were recorded. This essentially provided a central point through which the research analysis process can be tracked.</li> </ul>  |

| Criterion                           | Concerned with  | Application   |
|-------------------------------------|---|---|
|                                     |   | <ul style="list-style-type: none"> <li>• Regular meeting with supervisory team to maintain believability.</li> <li>• Presentation of the quotes provide a coherent argument that explains the experiences of Indonesian adolescents during their pregnancy and their early parenthood</li> </ul>  |
| <b>Confirmability (objectivity)</b> | Refers to the neutrality and accuracy of the data (Tobin and Begley, 2004). | <ul style="list-style-type: none"> <li>• Audit trail by documenting detailed account of research process including the research setting, methods and justification, and processes of interviews, data analysis and reporting findings.</li> <li>• Keeping a reflective journal.</li> <li>• Translations and back translations</li> <li>• Regular meeting with supervisory team to maintain believability.</li> <li>• Seminar and workshop presentations to gain peers feedback.</li> <li>• The findings were described in detail and supporting quotes from participants were used to enable the readers of this report to ascertain whether the account presented reflected the participants' views</li> </ul> |

### 3.9 Summary

In this chapter, the research paradigm along with the methodology of the research were presented. A brief description about research design was outlined and introductory overviews of study 1, 2 and 3. Moreover, ethical consideration, ethical approval, researcher effect and researcher bias, positionality, and rigour of the research were also demonstrated. The following chapter will present a detailed account of study 1 i.e. a qualitative systematic review of health and social experiences of pregnant adolescents and their partner in Indonesia and other low-lower and middle-upper middle.

## **Chapter 4 : Study 1: Health and Social Experiences of Pregnant Adolescents and their Partners in Indonesia and Other Low-lower and Middle-upper Middle Income Countries: A Qualitative Systematic Review**

### **4.1 Introduction**

Chapter 4 reports on study 1, i.e. a qualitative systematic review which aimed to explore health and social experiences of pregnant adolescents and their partners in Indonesia and other low-lower and middle-upper middle countries. Within this chapter, detail will be provided of the review process, covering the aim and objectives of the review, and review methods including data synthesise and findings. The qualitative systematic review provided evidence for developing interview questions for study 2 and 3. The methods describe the process of the qualitative systematic review, including defining the study question by using a framework: Population, Event, Outcomes, Study design (PEOS) (University of York. NHS Centre for Reviews and Dissemination., 2009). A PRISMA flowchart presents a transparent search strategy. A data extraction table and a critical appraisal, followed by data synthesis, findings and discussion are presented as guided. Strength and limitations of study 1 are involved.

### **4.2 Aim**

The aim of this study was to explore health and social experiences of pregnant adolescents and their partners in Indonesia and other low-lower and middle-upper middle income countries in order to inform study 2 and 3.

### **4.3 Objectives**

1. Explore and synthesise health and social experiences of pregnant adolescents and their partners in Indonesia.
2. Explore and synthesise health and social experiences of pregnant adolescents and their partners in other low-lower and middle-upper middle income countries.

3. Compare and contrast the health and social experiences of pregnant adolescents and their partners between Indonesia and other low-lower and middle-upper middle income countries.

## 4.4 Methods

Seven steps were adopted to conduct a qualitative systematic review: develop a review question, state a clear aim and objectives, carry out a comprehensive literature search strategy, screen results of the search strategy, critically appraise included studies, synthesise and assess the heterogeneity of study findings (Walsh and Downe, 2005; Petticrew and Roberts, 2006; Thomas and Harden, 2008; University of York. NHS Centre for Reviews and Dissemination., 2009; O'Connell and Downe, 2009; Gough et al., 2012).

### 4.4.1.1 Define the review question

The PEOS framework was adapted from the Centre of Review and Dissemination (CRD) handbook 2009 version in order to create a meaningful structure to shape the review. The research question was 'What are pregnant adolescents' and their partners' health and social experiences in Indonesia and other low-lower and middle-upper middle countries?

**Table 4-1: PEOS framework and inclusion limits**

| Elements            | Inclusion                             | Exclusion                          | Rationale  |
|---------------------|---------------------------------------|------------------------------------|--|
| <b>Population</b>   | Adolescents (aged 19 or less).        | Pregnancy as consequences of rape. | It is anticipated that women who became pregnant by way of rape would hold different perspectives, views and experiences about their pregnancy such as trauma which would not be comparable to non-rape cases. |
| <b>Event</b>        | Pregnancy.                            |                                    |  |
| <b>Outcomes</b>     | Experiences, perspectives, and views. |                                    | These are key aims of the systematic review.   |
| <b>Study Design</b> | Qualitative studies and studies       |                                    | A range of studies may report these outcomes.  |



| Elements                | Inclusion   | Exclusion | Rationale  |
|-------------------------|---|-----------|--|
|                         | reporting experiences e.g. surveys.   |           |  |
| <b>Inclusion limits</b> | -Papers published and data collection between 2004-2014.<br>-Papers published in English or Bahasa Indonesia. |           | - These papers were included in order to provide a reasonable period whereby adolescents' views could be transferable to a current context <sup>1</sup> .<br>- Researcher speaks English and Bahasa Indonesia. |

There is a requirement for the process of selecting papers to be explicit and conducted in such a way as to in order to improve clarity and transparency of the systematic review (Petticrew and Roberts, 2006). The selection process of papers is important in the process of the systematic review because the inclusion and exclusion of papers determines the scope and credibility of the systematic review (Meline, 2006). In relation to that, study 1 applied strategies of selecting the papers.

#### 4.4.1.2 Literature search strategy

The literature search strategy involved a systematic search by using a range of methods to identify relevant studies, manage the references retrieved by the searches, obtain documents and write up the search process (University of York. NHS Centre for Reviews and Dissemination., 2009). The search strategy of this systematic review included the following sources: professional databases, grey literature, key local journals, and reference lists (Walsh and Downe, 2005; Petticrew and Roberts, 2006; Thomas and Harden, 2008; University of York. NHS Centre for Reviews and Dissemination., 2009).

Professional databases: professional databases were ASSIA, Medline, Maternity and Infant Care, ScienceDirect, PsycInfo, EMBASE and CINAHL. These databases were selected because they potentially included literature related to

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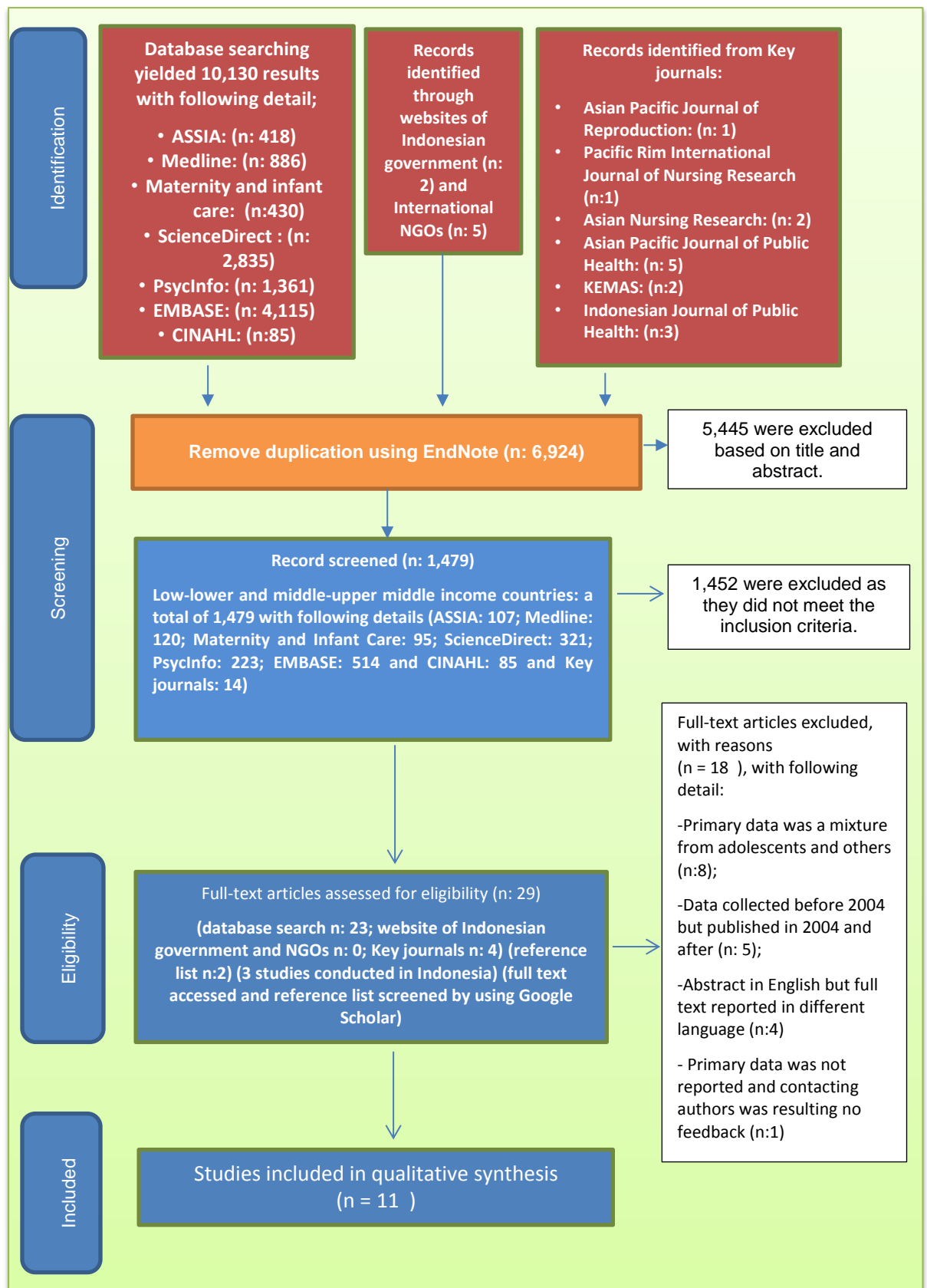
<sup>1</sup> The process of qualitative systematic review was conducted in 2014.

health and social experiences of adolescents. These professional databases have been used to search electronic sources of published literature including journal papers, records of ongoing research, conference proceedings and PhD theses. Meanwhile, non-research based literature were excluded in order to maintain credibility of the review (University of York. NHS Centre for Reviews and Dissemination., 2009). Detail of the search strategy can be seen in Appendix B.

Grey literature and specific websites: grey literature was also searched for by using Google Scholar and University of Leeds sites, in order to explore relevant documents. Grey literature was also searched from the websites of international organisations such as WHO, UNICEF, Alan Guttmacher and local Non-Governmental Organisations (NGOs) as well as local Indonesian government sites such as the Indonesian Ministry of Health, the Indonesian Family Planning Board.

Key local journals: online hand searching to specify journal index pages was applied to explore key journals; Asian Pacific Journal of Reproduction, Asian Nursing Research, Asian Pacific Journal of Public Health, Pacific Rim International Journal of Nursing Research, KEMAS, and Indonesian Journal of Public Health. These key local journals were selected as they also, potentially included journal papers related to health and social experiences of pregnant adolescents and their partners in Asian countries, particularly in South East Asian countries including Indonesia.

Selected papers reference list were screened to identify relevant literature by using Google Scholar (Petticrew and Roberts, 2006; Higgins et al., 2009). Contacting authors: it is an appropriate part of a search strategy to contact authors when additional data may be needed (Petticrew and Roberts, 2006). One of the selected papers did not provide original quotes from participants. Therefore authors were contacted by email for additional data. However, there was no response. In order to provide a transparent process of literature searching, a PRISMA flow chart was adapted to provide an outline of the search strategy that was had completed. The PRISMA flowchart can be seen in Figure 4-1.



**Figure 4-1: Search strategies for the systematic review**

The combined search strategy from the databases yielded **10,130** results by using key terms (see Appendix D for search outline). Furthermore, a total of seven articles were identified from specialist websites i.e.: Indonesian Ministry of Health, Indonesian Family Planning Board, Alan Guttmacher Institute, UNICEF and WHO. 14 papers were also identified manually from key journals, i.e.: Asian Pacific Journal of Reproduction, Asian Nursing Research, Pacific Rim International Journal of Nursing Research, Asian Pacific Journal of Public Health, KEMAS and Indonesian Journal of Public Health. All identified papers have been imported and stored in Endnote and then the process of removing all the duplicate references resulted **6,924** papers. At this stage this appeared to be a very sensitive searching process. The next stage was to undertake manual screening. Manual screening was employed by reading the title and abstract in order to select research conducted in low-lower and middle-upper middle income countries and the process resulted in **1,479 papers**. A manual screening was needed because when potential papers were searched using the World Bank Classification list of low-lower and middle-upper middle income countries (see Appendix C) as key terms, a large number of papers were missed as they were not indexed using those keywords. Hence, the coverage was poor. Therefore, manual screening was applied by reading the title and abstract in order to select papers from low-lower and middle-upper middle income countries. All potential papers were screened by their title and abstract for a second time in order to double check for any missed data. In this process, a screen tool was also employed. Following the application of the inclusion and exclusion criteria, **29** papers were selected based on their title and abstract, of these 3 papers were conducted in Indonesia.

The second phase of selecting papers was accessing the full text of the 29 included papers. A pre-screening tool was utilised and the reading of 29 included papers was conducted, and example of pre-screening tool used can be seen in Appendix D. Following the process of reading of the full text of 29 selected papers, 18 papers were discarded because data was a mixture of adolescents and others i.e. healthcare providers (n: 3), parents and family (n: 3), teachers religious leaders and community (n: 2), therefore data cannot be identified whether from adolescents or others. Data collected before 2004 but published

after 2004 (n: 5), paper abstract was in English but full text reported in another language (n:4) and the paper did not provide quotes (n:1), whilst contacting the author received no responses. The 18 papers that were discarded from the process were used for the background of this PhD thesis. The reference lists of 29 papers were also screened manually and relevant papers' titles screened which resulted in two additional papers. Finally, the nine remaining papers were included and two additional papers from the reference list were selected. A total 11 papers were extracted and assessed for quality assessment, including 9 journals papers and two conference papers.

#### 4.4.1.3 Result of search and study selection

It became apparent that several selected papers were indexed in more than 1 professional databases. The table 4-2 explains where papers were indexed.

**Table 4-2: Included studies and indexed sources**

| Title/ Author/ Year  | Indexed sources  |
|--|--|
| Relationships, perceptions and the socio-cultural environment of pregnant teenagers in Soshanguve Secondary School/ (Maholo et al., 2009)  | ScienceDirect  |
| Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra Ghana: a qualitative study/ (Gyesaw and Ankomah, 2013)  | ASSIA, ScienceDirect   |
| Psychological Health and Life Experiences of Pregnant Adolescent Mothers in Jamaica/ (Wilson-Mitchell et al., 2014)                        | ScienceDirect, PsycInfo  |
| Northeastern Thai Adolescents' Perceptions of Being Unmarried and Pregnant/ (Muangpin et al., 2010)  | Key journal: Pacific Rim International Journal of Nursing Research   |
| Lived experiences of early pregnancy among teenagers: A phenomenological study/ (Pogoy et al., 2014b)                                      | Reference list from a paper: The Scholastic Performance of Adolescent Pregnant Learners (Mutshaeni et al., 2014) |
| One foot wet and one foot dry: transition into motherhood among married adolescent women in rural Vietnam/ (Klingberg-Allvin et al., 2008) | ASSIA, Maternity and Infant Care, ScienceDiret, Medline, CINAHL  |

| Title/ Author/ Year   | Indexed sources   |
|---|---|
| Becoming a mother: teenage mothers' experience of first pregnancy (Maputle, 2006)   | Medline   |
| Experiences of teenage pregnancy among Xhosa families in South Africa/ (Sindiwe James et al., 2012)   | ASSIA, Maternity and Infant Care, ScienceDiret, Medline, CINAHL   |
| Existential phenomenology as a possibly to understand pregnancy experiences teenagers/ (Jorge et al., 2006)                                   | Reference list from a paper: Conflicts experienced by female adolescents with the discovery of pregnancy (Moreira et al., 2008) |
| A descriptive study of the reasons and consequences of pregnancy among single adolescent mothers in Lesotho (Yako and Yako, 2007)             | Medline   |
| Pregnancy stigmatization and coping strategies of adolescent mothers in two Yoruba Communities, South-western Nigeria/ (Melvin et al., 2009)  | CINAHL  |
| Adolescent pregnancies in the Amazon Basin of Ecuador: A right and gender approach to girls' sexual and reproductive health/ (Goicolea, 2009) | CINAHL  |

Table 4-2 shows the data that the most frequent database that indexed the included papers was ScienceDirect, which indexed five papers. CINAHL indexed four papers, ASSIA and Medline indexed three papers each, Maternity and Infant Care and the reference list indexed 2 papers each, PsycInfo and Key journals indexed a paper each. EMBASE database did not index any of included papers. ScienceDirect indexed the highest number of selected papers because this database focuses a health and social sciences which was compatible with the aim of this qualitative systematic review. It is acknowledged that a possible limitation of every systematic review is a potential that relevant studies could have been missed (London, 2014). However, combining multiple sources had been completed to minimise such potentially missing studies (Viswanathan et al., 2012). The pre-screening tool was useful to clarify whether papers should be included, kept for background in the study or rejected (University of York. NHS Centre for Reviews and Dissemination., 2009). The tool provided a clear inclusion and exclusion criteria with a PEOS framework. Application of the tool enabled consistency.

#### **4.4.1.4 Data extraction**

Data extraction was the process by which researchers obtain the necessary information about study characteristics and findings from the included papers (Thomas and Harden, 2008; Elamin et al., 2009). Standardised data extraction formed from Munro et al (2007) quoted from Higgins et al. (2009) was employed to quote data. (Sample of data extraction can be seen in Appendix E). Data extraction was used to enhance consistency in this systematic review and potentially to reduce reviewer bias (University of York. NHS Centre for Reviews and Dissemination., 2009). Whilst, the main characteristics of included papers can be seen in Table 4-3.

**Table 4-3: Main characteristics of the included papers**

| No | Title/ Author/ Year   | Country      | Aim   | Type of Research                 | Data Collection   | Participants/ Sample Size | Findings   |
|----|---|--------------|---|----------------------------------|---|---------------------------|--|
| 1  | Relationships, perceptions and the socio-cultural environment of pregnant teenagers in Soshanguve Secondary School/ (Maholo et al., 2009) | South Africa | To determine teenagers' patterns of relationships, perceptions towards their pregnancy and lives and describe the role of their socio-cultural environments in their pregnancies. | A qualitative exploratory study. | <p>Semi-structured interview with specific themes to explored and audio recorded. The one to one interviews were in a private room at the Primary Healthcare Clinic. There is no specific information related to the duration of the interviews. There is inclusion of criteria to be participants. However, the author did not mention how they were selected and why they were selected. Author also did not explain how many participants were excluded and criteria for exclusion.</p> <p>The role of the author was as a main researcher. Recruitment process was not in detail explained by author as well as how the</p> | 30 adolescent mothers     | <p>Teenagers lacked knowledge about menarche and menstruation, leaving them unprepared for their pregnancy. Participants did not realise the consequences of their love and sexual relationships. Circumstances around their lives and the socio-cultural environments contributed to their pregnancy, resulting in teenagers showing regret, shame, denial and some accepting their pregnancy. Communication about sexuality was lacking and teenagers had no risk perceptions regarding their pregnancy.</p> |



| No | Title/ Author/ Year   | Country | Aim  | Type of Research                 | Data Collection   | Participants/ Sample Size | Findings  |
|----|---|---------|--|----------------------------------|---|---------------------------|---|
|    |   |         |  |                                  | participants were approached. There is no information related participants' withdraw'.  |                           |   |
| 2  | Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra Ghana: a qualitative study/ (Gyesaw and Ankomah, 2013) | Ghana   | To explore experiences of adolescent mothers during pregnancy, childbirth and care of their new-borns. | A qualitative exploratory study. | Focus group discussions (FGD) consisted of 6-9 participants each group for about an hour and were audio recorded. A moderator was a nurse who previously had experience of working with adolescents and a note taker was also employed in every session of FGD. Six respondents were recruited from the health facility during special clinic days set aside for mothers, whilst three respondents were recruited from the community to reflect mothers who do not have access to health facilities. An interview guide, based on topics similar to the FGDs, was used to | 54 adolescent mothers     | Some of the participants became pregnant as a result of transactional sex in order to meet their basic needs. A few others wanted to become pregnant to command respect from people in society. In nearly all cases, parents and guardians of the adolescent mothers were upset in the initial stages when they heard the news of the pregnancy. One key finding, quite different from in other societies, was how often teenage pregnancies were eventually accepted, by both the young women and their families. Also observed was a rarity of willingness to resort to induced abortion. |

| No | Title/ Author/ Year   | Country | Aim   | Type of Research    | Data Collection  | Participants/ Sample Size | Findings   |
|----|---|---------|---|---------------------|--|---------------------------|--|
|    |   |         |   |                     | conduct the in depth interviews. There is no specific information related to participants withdrawn.   |                           |  |
| 3  | Psychological Health and Life Experiences of Pregnant Adolescent Mothers in Jamaica/ (Wilson-Mitchell et al., 2014) | Jamaica | To explore the experiences and the impact of pregnancy on pregnant adolescent psychological health. | Mixed method study. | Semi structured interview and focus group discussions in order to explore psychosocial outcome of adolescent pregnancy. Interview appointments were made immediately prior to or following regularly scheduled clinic visits so as not to be disruptive. Participants were free to decline an answer, to stop or to leave individual or focus group interviews at any time if there was a feeling of discomfort with the process or questions. Audio recording of interviews and group discussion was optional. All of the participants recruited for the study consented to audio | 30 pregnant adolescents   | The following themes were identified: decision-making, resilience, social support, community support system, distress, and perceptions of service. Participants reported positively on the specific interventions tailored to their needs at the Teen Clinic. Although motherhood is valued, none of the pregnancies in this study were planned by the mother. |

| No | Title/ Author/ Year   | Country  | Aim   | Type of Research              | Data Collection  | Participants/ Sample Size         | Findings  |
|----|---|----------|---|-------------------------------|--|-----------------------------------|---|
|    |   |          |   |                               | recording. One of the respondents declined audio recording and was excluded from interviews. None of the participants requested an early exit from interviews or focus groups  |                                   |   |
| 4  | Northeastern Thai Adolescents' Perceptions of Being Unmarried and Pregnant/ (Muangpin et al., 2010) | Thailand | To glean further understanding of the meaning of being an unmarried pregnant adolescent in northeastern Thailand. | Descriptive qualitative study | Each participant was interviewed 2 – 4 times, for 60 - 90 minutes each time, in an attempt to gather rich information regarding being an unmarried pregnant adolescent. Field notes and reflective journal comments were written after each interview, and used as supplementary data in interpreting the information and context in which it was obtained. Interviews were located in a private room of antenatal care clinics, audio recorder and the author is the primary researcher for | 16 unmarried pregnant adolescents | Results revealed "Being Devalued" and "Ending Adolescent Life" were the thematic meanings of being an unmarried pregnant adolescent. "Being Devalued" was the adolescents' perception that they were seen as a "bad girl" and had lost their sense of self-worth. "Ending Adolescent Life" was the adolescents' perceptions that their adolescence ended because of: being isolated from their peers; being unable to engage in teen activities; and, dropping out of school. |

| No | Title/ Author/ Year | Country | Aim | Type of Research | Data Collection  | Participants/ Sample Size | Findings |
|----|---------------------|---------|-----|------------------|--|---------------------------|----------|
|    |                     |         |     |                  | <p>data collection. Eighteen of 28 unmarried pregnant adolescents approached were deemed eligible to participate. However, two were excluded because their parents did not give verbal consent for them to participate. Consequently, 16 unmarried pregnant adolescents who were 13 to 17 years of age and had a gestational age of 32 to 36 weeks participated. These participants were purposively selected from antenatal care clinics from their antenatal visiting appointment and primary researcher (author) contact nursing staff to make name list of potential participants with their details. After have list of name primary researcher contact adolescents directly.</p> |                           |          |

| No | Title/ Author/ Year   | Country     | Aim   | Type of Research       | Data Collection  | Participants/ Sample Size | Findings  |
|----|---|-------------|---|------------------------|--|---------------------------|---|
| 5  | Lived experiences of early pregnancy among teenagers: A phenomenological study/ (Pogoy et al., 2014b) | Philippines | To determine the lived experiences of early pregnancy among high and low performing students in terms of the causes, effects, challenges and their coping mechanisms. | Phenomenological study | Interviews were conducted by the researcher in the houses' of participants. There is no information related to participants' recruitment, access to the fieldwork, participants withdrawn as well as the duration of interview. Author also did not provide duration of interview. | 10 adolescent mothers     | Results show that curiosity, lack of sexual knowledge, financial and family problems and uncontrolled emotions led to sexual activity and pregnancy among teenagers. Teenage mothers faced a lot of challenges after pregnancy like providing proper care and needs of their child. High performing teenage mothers were at college levels and work for a living to support the needs of their child. Low performing teenage mothers ended up as housewives. Teenage mothers have fewer opportunities to finish their studies after engaging in early pregnancy. Taking care of the baby and providing financial assistance were challenges they encountered and tried to cope with. The academic performance, the financial status and support of the family of teenage mothers determine if they can pursue their studies and achieve their dreams in life. |

| No | Title/ Author/ Year  | Country      | Aim   | Type of Research  | Data Collection   | Participants/ Sample Size | Findings  |
|----|--|--------------|---|-------------------|---|---------------------------|---|
| 6  | One foot wet and one foot dry: transition into motherhood among married adolescent women in rural Vietnam/ (Klingberg-Allvin et al., 2008) | Vietnam      | To explore married Vietnamese adolescents' perceptions and experiences related to transition into motherhood and their encounter with healthcare service. | Qualitative study | Open-ended qualitative interviews, were applied. A semi structured guideline was employed in the interview process. The interviews lasted between 45 and 90 minutes. Participants were recruited from 3 of the 25 communes in the district. Women were selected from lists provided by the staff at the CHC in each commune. There was no information related to venue of interview, and participants' withdrawn as well as access to field work. | 22 adolescent mothers     | It emerged from the narratives that young women experienced ambivalence in the transition to motherhood in that they felt too young but also happy to be able to please their husband and the extended family. Patterns were shown indicating that the participants experienced little power with regard to decisions in relation to pregnancy, delivery, and contraceptive usage. Feelings of being patronized and ignored in the encounter with healthcare providers were seen in the narratives. |
| 7  | Becoming a mother: teenage mothers' experience of first pregnancy (Maputle, 2006)  | South Africa | To explore and describe the experiences of adolescent mothers of first pregnancy and to   | Qualitative study | Unstructured in depth interviews by using open ended questions, all the interviews were recorded and notes had also been taken during interview process. Participants identified from antenatal visits of clinics in  | 14 adolescent mothers     | Five themes emerged from studies i.e. inadequate information/ knowledge, unplanned/planned pregnancy, ineffective communication, under-utilisation of health resources and adequate/ inadequate social support.   |

| No | Title/ Author/ Year   | Country      | Aim   | Type of Research  | Data Collection  | Participants/ Sample Size  | Findings   |
|----|---|--------------|---|-------------------|--|--|--|
|    |   |              | develop guidelines of a support programme that is contextual and relevant to the needs of adolescent mothers. |                   | Capricorn District, Limpopo Province. Fourteen (14) teenage mothers who were pregnant for the first time were purposively selected. There is no information related to duration of interview, place of interview, and participants' withdrawn. Author also did not explain how many participants were excluded and criteria for exclusion. |  |  |
| 8  | Experiences of teenage pregnancy among Xhosa families in South Africa/ (Sindiwe James et al., 2012) | South Africa | To explore and describe the experiences of teenage pregnancy among Xhosa families.                            | Qualitative study | Data were collected by means of audio-taped, one-on-one, semi-structured interviews and by taking field notes. Most participants chose to have the interviews at home but on different days. The researcher asked to use an outside room with a closing door to conduct the interviews. If no outside room was                             | 10 adolescents who had experienced premarital pregnancies, 10 parents and 10 grandparents of adolescents who experienced | <p>Pregnant adolescents experienced overwhelming emotions, breakdown in relationships with parents, families and peers but had positive relationship with their boyfriend.</p> <p>Parents of adolescents who had premarital pregnancy experienced their children's pregnancy as disappointing, embarrassing and failures in their parental role.</p> <p>Grandparents of adolescents who had premarital pregnancy</p> |

| No | Title/ Author/ Year   | Country | Aim  | Type of Research    | Data Collection   | Participants/ Sample Size | Findings   |
|----|---|---------|--|---------------------|---|---------------------------|--|
|    |   |         |  |                     | available, any other room in the house with a closing door was used. Pregnant teenagers were identified from antenatal care clinic registers. There is no information related to duration of interview, and participants' withdrawn.  | premarital pregnancies.   | experienced that the pregnancy as a family disturbance and acknowledged that healing should take place in the family.  |
| 9  | Existential phenomenology as a possibly to understand pregnancy experiences teenagers/ (Jorge et al., 2006) | Brazil  | To understand the meaning of pregnancy for pregnant adolescents, trying to capture their way of being and new being in the world as a pregnant girl. | Phenomenology study | An In-depth interview was conducted on the day when they had ANC visit appointment. Four female pregnant adolescents identified from antenatal care visits record and further they contacted and were invited to participate. There is no exclusion criteria for this study. There is no information related to duration of interview, place of interview, as well as participants' withdrawn. There is no information related where interview held , author's role and | 4 pregnant adolescents    | <p>Pregnant adolescents have 3 steps regarding their pregnancy.</p> <ul style="list-style-type: none"> <li>-Being there: discovery of pregnancy was surprised, contradictory feeling, wanted to flee from pregnancy.</li> <li>-Being in the world: lack supports, shameful and being alone.</li> <li>-Being with the others: fear with delivery, trying to gain supports from partners and parents.</li> </ul> |



| No | Title/ Author/ Year  | Country | Aim   | Type of Research    | Data Collection   | Participants/ Sample Size | Findings  |
|----|--|---------|---|---------------------|---|---------------------------|---|
|    |  |         |   |                     | there is no information related whether the interview recorded or not, other sources such as field notes were considered or not.  |                           |   |
| 10 | Pregnancy stigmatization and coping strategies of adolescent mothers in two Yoruba Communities, South-western Nigeria/ (Melvin et al., 2009) | Nigeria | To understand how adolescent mothers cope with this type of pregnancy | Phenomenology study | In-depth interviews were conducted with adolescent mothers who had unintended pregnancies. All interviews were held in preferred locations suggested by the participants. adolescent mothers in two selected Yoruba communities. The inclusion criteria was the presence of one or more adolescents' mothers between the ages of 12 and 21 who had unintended pregnancy and a 13 life birth within the last 3 years preceding this study in a household. There is no information related to duration of | 48 pregnant adolescents   | Findings showed that adolescents' sexual debut was through coercion with later sexual life. Pregnant adolescents were stigmatised by fellow adolescents, neighbours and their significant others. Prior to their delivery, almost all of the adolescents attempted abortion but failed. There were gender biases blames on the adolescent mothers; little or no antenatal care was sought from the hospitals. Were such attempts were made; faith healers and traditional birth attendants were most preferred. Adolescent mothers were able to destigmatised their pregnancy through religious and personal resolutions coupled with informal support from their mothers and a few significant others. |

| No | Title/ Author/ Year   | Country | Aim   | Type of Research  | Data Collection  | Participants/ Sample Size                              | Findings   |
|----|---|---------|---|-------------------|--|--|--|
|    |   |         |   |                   | interview, and participants' withdrawn.  |  |  |
| 11 | Adolescent pregnancies in the Amazon Basin of Ecuador: A right and gender approach to girls' sexual and reproductive health/ (Goicolea, 2009) | Ecuador | To explore experiences and emotions around pregnancy and motherhood among adolescent girls, using content analysis. | Qualitative study | In depth interviews were conducted. There is no information related to duration of interview, participants' recruitment, as well as participants' withdrawn. Author also did not provide access of research field. | 11 adolescent girls either pregnant or already mothers | Girls' decision making regarding sexuality was limited by the need for secrecy, misinformation, and gender structures that reinforced girls' subordination. Pregnancy was conceptualised as stressful whilst motherhood had positive connotations alongside personal sacrifices, and increased responsibility with little support from partners or welfare policies and programs. A mechanism of resistance emerged from girls' defiance of external criticisms and from girls' interest in continuing education as a means for economic independence. |

#### 4.4.1.5 Appraisal of the quality of included papers

Critical appraisal is an important part of systematic review to assess quality of included papers in order to evaluate papers' strength and weaknesses (University of York. NHS Centre for Reviews and Dissemination., 2009). In this systematic review, appraising the quality of papers also has been conducted before the synthesise of the data. A tool called Critical Appraisal Skill Programme (CASP) for qualitative study (See in Appendix F) was applied to assess the trustworthiness of a range of qualitative studies (Burls, 2006). Furthermore, the overall quality of papers was assessed using an approach modified from CASP and McInnes and Chambers (2008). 11 included papers have been appraised with 10 screening questions of CASP and the following grades were used:

4: When any hint questions can be answered specifically.

3: When any hint questions can be answered but are not specifically mentioned.

2: When there is information provided but there are also some of hint questions that cannot be answered.

1: When there is little information provided;

0: When there is no information provided of any hint questions.

Furthermore, the grades adapted from (McDermott et al., 2004) were used to judge the included papers into four criteria i.e.:

**A:** scored 31 and above;

**B:** scored (21-30);

**C:** scored (11-20);

**D:** scored (bellow 10)

The table 4-4 presents the grading process of appraising the included papers.

**Table 4-4: Grading process for appraising the included papers**

| Study   | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 |
|---|----|----|----|----|----|----|----|----|----|----|----|
| Clear aim and objectives                          | 4  | 3  | 3  | 3  | 3  | 3  | 4  | 4  | 4  | 3  | 3  |
| Appropriateness of methodology                    | 3  | 3  | 3  | 3  | 3  | 4  | 3  | 4  | 4  | 2  | 2  |
| Research design                                   | 3  | 3  | 3  | 3  | 3  | 4  | 3  | 4  | 4  | 2  | 2  |
| Recruitment                                       | 2  | 3  | 3  | 3  | 2  | 3  | 3  | 3  | 2  | 3  | 1  |
| Data collection                                   | 3  | 2  | 2  | 3  | 2  | 3  | 2  | 3  | 2  | 3  | 1  |
| Relationships between researcher and participants | 0  | 4  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  |
| Ethical issues consideration                      | 4  | 4  | 1  | 4  | 1  | 4  | 1  | 1  | 4  | 1  | 1  |
| Data analysis                                     | 4  | 4  | 2  | 4  | 3  | 4  | 3  | 4  | 1  | 4  | 1  |
| Finding and reporting                             | 3  | 3  | 3  | 1  | 3  | 4  | 3  | 4  | 3  | 4  | 2  |
| Research value                                    | 2  | 3  | 4  | 4  | 1  | 3  | 4  | 3  | 3  | 1  | 4  |
| <b>Total</b>                                      | 28 | 32 | 24 | 28 | 21 | 32 | 26 | 30 | 28 | 23 | 17 |
| <b>Overall</b>                                    | B  | A  | B  | B  | B  | A  | B  | A  | B  | B  | C  |

10 of the included papers [1,2,4,5,6,7,8,9,10 and 11] were qualitative studies and only one article [3] was a mixed method study. The following sections critically appraise the included papers based on item criteria and hint questions adapted from CASP.

a. Aim and objectives of the research

Aim and objectives of the research need to state the overall purpose of the papers; they should be clearly and concisely defined (Bryman, 2001; Burls, 2006). All the papers [1,2,3,4,5,6,7,8,9,10,11] stated a clear aim of their research. However, only four papers [1,7,8,9] implicitly mentioned objectives and the relevancy between aim, objectives and outcome. A clear desired outcome of the research is an important aspect on defining the objectives of the study (Chalmers and Altman, 1995). Burls (2006) suggested that appraising the aim and objectives of included papers such as an omission threatens the trustworthiness of the included papers. Therefore in this quality appraisal of included papers, they were only

scored 4 when they clearly mentioned aim and objectives of the study, in which could addressed all the hint questions of CASP in regards to the aim and objectives section.

b. Appropriateness of methodology

There were clear statements of the type of methodological approach in every included papers. All included papers also attempted to determine [1,5,9] understand [2,3,6,7,8] or explore [4,10] research participants' experiences. However, only papers [6,8,9] explained and defended why the methodology was selected. Reporting on how the author addressed the aim of the research by using specific methodology was indicates whether the methodology suited or not with the aim (Mulrow and Cook, 1998; Higgins et al., 2009; Gough et al., 2012), therefore researcher should provide justification on selecting methodology. This CASP appraising list assisted the researcher to judge the papers as they provided hint questions, including whether selected methodology was appropriated to reached the aim of the research.

c. Appropriateness of research design

The research design of the research have been clearly mentioned in papers [1,2,3,4,5,6,7,8,9,11]. However, only two papers [6,8,9] with give a sense of why and how the research designs have been employed. An explanation of research design is necessary to be assessed in order to gain an understanding if the research design addressed the aim and objectives or whether it meets with the research outcome or not (Creswell, 2014). Research design is an important aspect in the research process because it carries an important influence on the trustworthiness of the findings (Jeanfreau and Jack, 2010; Creswell, 2014). It needs to be highlighted that paper 10 had lack information related to research design, therefore it made lack of clarity and transparency of how the research design selected and implemented.

d. Recruitment

There were papers which explained in detail the recruitment selection process, particularly providing research information when approaching potential participants [1,2,3,4,6,8,9] and by providing explicit inclusion and

exclusion criteria [3,4,5,6,8,10]. The transparency of the process of researching participants' recruitment can be assessed by providing detailed description of participants' recruitment and selection process including inclusion and exclusion criteria, in which assures ethical processes and indicates trustworthiness (Chalmers and Altman, 1995; Dixon-Woods et al., 2007). There were five papers [4,6,7,8,10] explaining the number of participants excluded from the research study. Ten papers used a purposive sampling technique [1,2,3,4,5,7,8,9,10,11] and study [6] used a convenience sampling technique, in which appropriate to be used for qualitative research (Trotter, 2012; Marshall et al., 2013). A flaw was found from study [11] as the research included participants with three years after they experienced adolescent pregnancy, therefore risks of recall bias were considered as high. Recall bias represents a major threat to the credibility of studies using self-reported data (Hassan, 2005).

e. Data collection

All papers describe specific methods of data collection; the majority used in-depth interview [1,3,4,5,6,7,8,9] and a few used focus group discussions [2,3,10]. Eight papers [1,2,3,4,5,6,8,9] provided detail explanations of interview process i.e. employing audio recording, taking field notes after the interview was completed and putting memos for specific information. Not all papers made reference to the interview setting. Five papers provided this information; interviews were conducted in a private room of health centres [1,2,3,4,5] and in participants' house [8], participants' preference [10], other papers did not [6,9,11]. There are no included papers which discussed about reason for choosing methods of data collection. Data collection is an important aspect to be appraised because it involves activities of securing the information needed from participants as well as how the researcher maintain participants' and researcher's safety Therefore, how transparently the author explains the process of data collection will affect the credibility of the research papers (Jeanfreau and Jack, 2010).

f. Relationships between researcher and participants

In terms of relationships between the researcher and participants, paper [2] was the only study that explicitly explained the author's role, potential bias and influence during the research process i.e. formulation of research question, choice of location and sample recruitment. Such transparent methods of reporting qualitative research help to minimise the subjectivity of the researcher (Burls, 2006). However, unusually all participants identified had agreed to be included in the paper 2 which suggests an influence of a research assistant whom also a midwife for recruiting participants. Relationships may affect the context and content the inquiry, and equally by the institutional context in which the studies are carried out as well as the researcher and participants' personal motivations (Karnieli-Miller et al., 2009). For paper 2, there was a potential relationship effect although difficult to judge if coercion occurred. Apart from some reporting form, paper 2, one of the included papers provided sufficient evidence of these aspect of the research. Therefore only paper 2 scored 4, whilst others have 0 score.

g. Ethical issues consideration

There were sufficient details of how ethical standards were maintained in most papers [1,2,3,4,6,7,8,9,10,11] by gaining consent before interviews [1,2,4,6,7,8,9,10,11], explaining anonymity [1,2,4,6,7,8,9,10] and confidentiality [1,2,3,4,6,7,8,9,10] and participants' right to withdraw [1,2,4,6,7,8,9,10]. Most of the studies of included papers have gained ethical approval from ethical board institutions [1,2,4,6,8,9,11]. Whilst, other papers [3,5,7,10] instead of gaining ethical approval they gained official permission from their local governments which seemed to be a local requirement. It appeared that ethical considerations were met for local requirements in order to assure the reader that included participants were not harmed, privacy was maintained, and participants provided informed consent , therefore participants were participating voluntarily without any coercion (Jeanfreau and Jack, 2010; JBI, 2014). It is evident that there were variation of how the ethical issues considerations were maintained

by the author and only 5 papers which explained comprehensively on how the ethical issues were addressed within research process.

#### h. Data analysis

Six of the included papers [1,2,4,6,8,10] provided in depth description of the analysis, presenting clear categories, themes derived from data, demonstrating analysis data, and independent coder usage as well as original data. Four included papers [3,5,7,9] did not provide adequate information of how data were analysed. Therefore, assessing credibility of data analysis was unclear. For example, how the researcher considered any framework used to analyse the data, if there is any software for data management, if transcriptions were translated into English as the data collection was conducted in their home language. Research papers should be able to demonstrate a clear account of how early, simple systems of categories evolved into more sophisticated coding structures and finally into defined concepts for the data (Jeanfreau and Jack, 2010). Judging analysis process in a systematic review process is important in order to maintain rigour of the findings (Mulrow and Cook, 1998; Petticrew and Roberts, 2006).

#### i. Finding and reporting

Trustworthiness of study is one dimension to be considered when assessing studies as it influences credibility, dependability, transferability and confirmability (Petticrew and Roberts, 2006; Porter, 2007). All papers [1,2,3,4,5,6,7,8,9,10,11] have discussion findings and are supported by original data i.e. participants' quotations. Evidence shows that participants' quotes from interviews are effective to demonstrate how the discussion, conclusion and recommendations related to verbal data were conducted by the researcher during the process of research (Wilson et al., 2010; Goldblatt et al., 2011). This enables other researchers to assess how comprehensive the report is and how data has been produced, analysed and concluded (Booth and University of Sheffield. School of Health and Related Research., 1997; Dixon-Woods et al., 2007). Stating how to maintain the trustworthiness of research is also presented in papers [1,2,3,5,6,7,8,9,10]. However, these papers do not address in detail why



they selected and employed the methods. Furthermore, paper [4,11] had not clearly pointing trustworthiness as there was no further explanations on how and why trustworthiness has been addressed. Therefore, compare to other papers, those two papers gained less scores.

j. Research value

Papers [1,3,4,6,8,9,10] clearly describe information related to how the findings can be valuable, specific further research needed and how to transfer the findings. Meanwhile, papers [2,5,7,11] have no explanation about specific further research needed and recommendation for policy or public. Research value is how qualitative research impacts on a particular groups of people and it is should be demonstrated by the researcher explicitly including whether they provide knowledge, facts, understanding, identified new area and where further research may be necessary and how the findings can be transferred to other populations (Burls, 2006). In regards to that, within appraisal process research value explanation was one of the component which have to be judged in order to improve transferability of the research (Pechurina, 2014).

#### **4.4.1.5.1 Result of critical appraisal**

The quality assessment resulted in papers with the following different grades: A:3; B: 7; C: 1 D: 0). Paper number 11 was rejected from data synthesis because it has a C grade. Such rejection was applied in order to maintain the credibility and trustworthiness of the systematic review. Finally, the number of included papers was 10 papers.

## **4.5 Data synthesis**

The process of qualitative systematic review resulted in 10 papers included for data synthesis. The research was conducted from different parts of low-lower and middle-upper middle income countries including South Africa, Ghana, Jamaica, Thailand, the Philippines, Vietnam, and Brazil. All included papers recruited female adolescents. There were two types of participants which were pregnant adolescents and adolescent mothers who have children, included both married and unmarried participants. It is evident that there were no included papers

conducted in Indonesia which met inclusion criteria and no male adolescents were recruited in the included papers. As a consequence, specific health and social experiences of pregnant adolescents in Indonesia and male adolescents' health and social experiences cannot be explored. However, a systematic process was maintained in undertaking synthesise of the included papers to explore health and social experiences of pregnant adolescents in low-lower and middle-upper middle income countries in order to provide information that was beneficial on developing research questions of study 2 and 3 as well as discussion for overall.

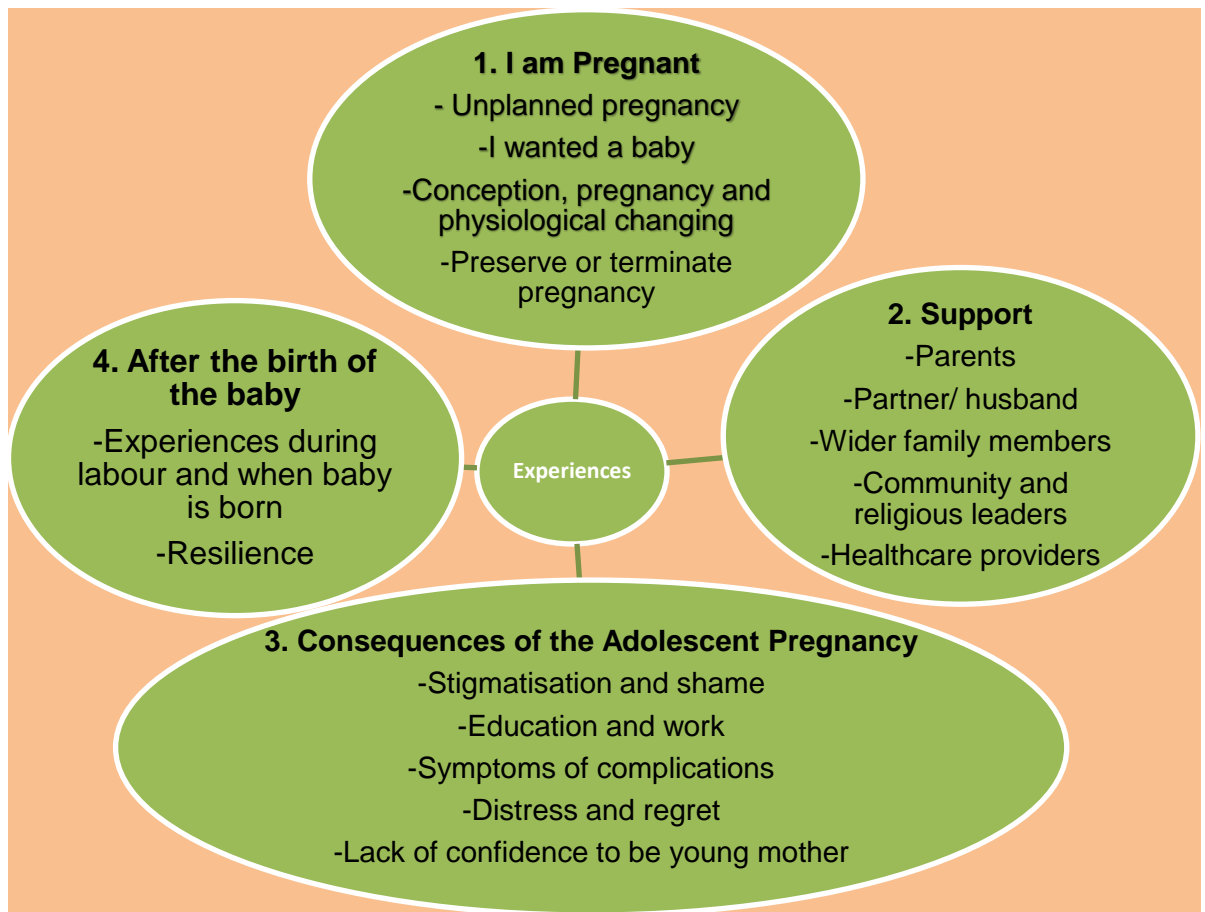
In terms of data synthesis a thematic synthesis adapted from Thomas and Harden (2008) was used because it provided practical guide which assisted the researcher to synthesise. There were three stages of synthesise process (see Table 4-5). During the first phase, each line of text was coded, before comparing initial codes and then continuing with the second phase which was organising free codes into descriptive themes. After that, the third phase was employed which was the development of analytical themes. A chart adapted from (Ritchie and Spencer, 1994; Ritchie, 1999) was used during this process. Example of coding, organising and development of analytical themes can be seen in Appendix H.

**Table 4-5: Phases of thematic synthesis adapted from Thomas and Harden (2008)**

| Phase  | Process Involved  |
|--|---|
| <b>Free line by line coding findings.</b>            | <ul style="list-style-type: none"> <li>a. The findings section from each study was entered verbatim into word document.</li> <li>b. Descriptive code was created inductively to capture meaning and content of each sentences.</li> <li>c. Translation of concept from one study to another and initial synthesis of study findings.</li> </ul> |
| <b>Organising free codes into descriptive themes</b> | <ul style="list-style-type: none"> <li>a. All texts allocated a code were examined.</li> <li>b. Similarities and differences between codes were identified and grouped.</li> </ul>  |
| <b>Development of analytical themes</b>              | <ul style="list-style-type: none"> <li>a. The descriptive themes from phase 2 were used to answer the questions of systematic review.</li> <li>b. Each themes that emerged was compared to previous themes.</li> </ul>  |

## 4.6 Findings

The original review question was 'What are pregnant adolescents' and their partners' health and social experiences in Indonesia and other low-lower and middle-upper middle income countries?' The aim of the qualitative systematic review was to explore health and social experiences of pregnant adolescents and their partner in Indonesia and other low-lower and middle-upper middle. Findings report a qualitative synthesise of health and social experiences of pregnant and recently pregnant adolescents in low-lower and middle-upper middle income countries. Four themes emerged from data synthesis of 10 included papers i.e.; *'I am pregnant'*; *'Support'*, *'Consequences of adolescent pregnancy'*, and *'Experiences after the birth of the baby'*. The *'I am pregnant'* theme describes the adolescents' experiences on their period of discovering pregnancy. Some of adolescents were experiencing shocked as it was unplanned but some of them expressed that they wanted the baby. The experience of conception, pregnancy and physiological changing are also discussed in this *I am pregnant* theme, as well as their experience about intention to preserve or terminate their pregnancy. During their pregnancy, adolescents also acquired 'Support' which described in *'Support'* theme. Additionally, adolescents also experienced consequences of their pregnancy which is presented under the *'Consequences of the adolescent pregnancy'*. The *'After the birth of the baby'* theme presents adolescents' experience on their period when the baby is born and after the birth. The Figure 4-2 outlined the themes emerged from qualitative systematic review.



**Figure 4-2: Themes and subthemes of study 1**

#### **4.6.1 Theme 1: I am Pregnant**

Within this theme, the experiences of pregnant adolescents from the onset of becoming aware of their pregnancy are presented. There are four sub-themes, led by '*Unplanned pregnancy*' which describes experiences of some pregnant adolescents about their unplanned pregnancy, whilst '*I wanted a baby*' sub-theme explained experiences of some pregnant adolescents about their desire for having a baby. Within the '*I am pregnant*' theme, there is also experiences of pregnant adolescents related to '*Conception, pregnancy and physiological changing*' including pregnant adolescents' knowledge related to their pregnancy. Additionally, a conflict occurred whether to '*preserve or terminate pregnancy*' was occurred amongst some pregnant adolescents as their pregnancy was unplanned.

### 4.6.2 Unplanned

An unplanned pregnancy is a pregnancy that is either unwanted (i.e., they occurred when no children, or no more children, were desired) or miss-timed (i.e., they occurred earlier than desired) (John Santelli et al., 2003; Brunner Huber et al., 2013). This ‘unplanned’ subtheme describes experiences of adolescents related to their first discovery of their unplanned pregnancy. The majority of included papers highlighted that the pregnancies were not planned [1,2,3,7,9,10]. For some adolescents, the pregnancy was not expected or even realised until the pregnancy discovery. Adolescents spoke about experimenting in sexual relationships with a lack of awareness of consequences. The following examples of quotes from included papers highlight of adolescents women’s experience of unplanned pregnancy:

**Table 4-6: Examples of quotes about ‘unplanned pregnancy’**

| Quotes   | Previous themes                   |
|--|-----------------------------------|
| <i>“My pregnancy was not planned, at this age especially that I’m still at school, it was a mistake” (Study 7, App A)</i>  | Unplanned pregnancy               |
| <i>“It was a surprised, I never expected it, no way. And I only used a condom sometimes, when it was close, so I only used a condom at the exact moment, sometimes. I didn’t even think about that, I just wanted to spend time with my boyfriend, go out with my friends, have fun, but I didn’t think about pregnancy then....” (Statement B, study 9, p. 910)</i> | Discovery pregnancy was surprised |

It is apparent that most pregnant adolescents of the included papers did not plan their pregnancy as most attended school or work. Therefore, most of them viewed that their pregnancy as their mistake which seemed to lead their self-blame. Findings also show that lack of awareness of sexual relationship’s consequences were experienced by some pregnant adolescents as well as they were experimenting sexual relationship with only occasionally using contraception, which led to an unplanned pregnancy occurring.

### 4.6.3 I wanted a baby

Whilst, some participants explained that their pregnancies were not planned, others reported that they wanted a baby [1,2,3,6,7,9]. This ‘*I wanted a baby*’ subtheme describes adolescents’ experiences related to their wishing of having a baby. Some examples are:

**Table 4-7: Examples of quotes about ‘I wanted a baby’**

| Quotes   | Previous themes   |
|--|---|
| <i>“ I am now happy as I wanted a baby desperately. My boyfriend is 28 years and is working and supports me and my baby.”(study 1, p.55)</i> | Socio-cultural norms and teenagers' environment/ individual beliefs |
| <i>“I was very happy; I didn't believe that I will fall pregnant.” (study 7, app 1)</i>  | Planned/ unplanned pregnancy  |

Some adolescents desired to have a child and some of them also anticipated long-term futures with their partners, who would be involved in childrearing and would financially support them. It is evident that adolescents whom obtained supports from their partner, they expressed readiness for having baby. Additionally, since study 7 included some married participants, having a baby for some pregnant adolescents therefore was also become one goal of their marriage relationship.

#### **4.6.4 Conception, pregnancy and physiological changes**

Under this subtheme, the experiences of adolescents related to the conception, pregnancy and physiological changes are described, including their knowledge and response of their pregnancy and physiological changes. A lack of knowledge related to pregnancy and conception was identified from most participants [1,2,3,4,6,7,9]. Adolescents had little or no knowledge related to conception, pregnancy and physiological changes. This is because adolescent women were less likely to access education and information about sexual health, reproduction and signs of pregnancy. Such conditions therefore, may trigger adolescents to have challenges through their pregnancy. The following table describes this topic.

**Table 4-8: Examples of quotes about ‘conception, pregnancy and physical changes’**

| Quotes   | Previous themes   |
|--|---|
| <i>“I don't know anything about pregnancy. I just got to know that I am pregnant after telling my friend that I have missed my period. I even took some purgatives to cleanse my stomach as I was feeling sick”(Study 1, p.53)</i> | Knowledge and perceptions about their pregnancies/<br>Knowledge related to pregnancy and information received during antenatal-care |
| <i>“ I was not expecting anything. I did not know I was pregnant. It was my mother who realized I was pregnant because I was vomiting all the times but still menstruating” (study 2, 16 years old)(p.777)</i>                     | I am pregnant   |

A lack of understanding and knowledge meant that some adolescents did not realise that they were pregnant nor did they expect that to become pregnant. It is also evident that some adolescents also explained that their pregnancy was discovered by others which seemed to be due to adolescents' lack of knowledge related to pregnancy. It also appears that some adolescents experienced red vaginal discharge which they thought it was menstruation, in fact red vaginal discharge can be considered as a sign of pregnancy complication (Azevedo et al., 2015).

#### 4.6.5 Preserve or terminate pregnancy

Preserve and terminate pregnancy subtheme describes adolescents' experiences in regards to their response of pregnancy including their intention of whether to preserve or terminate their pregnancy. Finding shows that there were some adolescents who attempted to terminate their pregnancy [2,3,11]. It also appears that some adolescents were not ready for their pregnancy.

**Table 4-9: Examples of quotes about 'preserve or terminate'**

| Quotes   | Previous themes      |
|--|----------------------|
| <i>"At first no I wasn't sure because I wanted to abort it at first .... Actually my boyfriend stop me say that it was his first child and he is not sure if he is going to get a next one or I am going to be able to get pregnant in the future. So I just decided to bring it." (study 3, A-R5)" (p.4737)</i> | Decision making      |
| <i>I told my partner and he asked me what I wanted to do. He brought me some medicine for an abortion, but the pregnancy, wouldn't abort. He even went to the extent of giving me akpeteshie (local gin), but still no abortion." (Study 2, 19 years old) (p.778)</i>  | Options for abortion |

It is evident that some adolescents made attempts to terminate their pregnancy by either taking medicines or other lay concoctions without success. Whilst, some others also felt that carrying a pregnancy was not their own decision. It appears to be that in some contexts, adolescents were having control over their pregnancy and in some others they did not. For example, some of them explained that their decision to carry the pregnancy was their decision or pregnancy was continued because terminating pregnancy was not 'success', and some others explained that pregnancy was carried out because of the decision of their partner or parent. Additionally, there is also evidence of the need to highlight that some of adolescents also have no control in regards to whether to preserve or terminate their pregnancy.

### Summary of theme I am Pregnant

The theme of '*I am Pregnant*', confirms that whilst some adolescent pregnancies were unplanned, some others showed readiness and wanted a baby. However, most of the included papers highlight that pregnant adolescents have a lack of information related to their pregnancy including conception and physiological changes. Furthermore, the findings suggest that some adolescents experienced having control over the pregnancy and some of others did not in regards to preserving or terminating their pregnancy. Giving the findings within 'I am pregnant' theme, these informed the topic guideline of study 2, particularly related to initial period of pregnancy discovery.

### 4.6.6 Theme 2: Support

Within the '*Support*' theme, experiences of how adolescents gained help from others i.e. parents, partners, communities and healthcare providers are described. Previous literature described that support refers to the availability of helps or assistance such as material, emotional, informational, and/or companion (Logsdon et al., 2005a; Xie et al., 2009; Kim et al., 2014). It is evident that some adolescents gained support from a variety of sources of support such as parents, partner, family, community and healthcare providers. The following sub themes present source of supports that gained by some adolescents.

### 4.6.7 Parents

Within this '*Parent*' subtheme, experiences of adolescents on gaining support from parents are described. Parent/ parents were identified as one source of support for adolescents during their pregnancy and once their baby was born including acceptance of pregnancy and helping to care for the baby. The quotes in table 4-10 as examples of quotes regarding to the support from parents:

**Table 4-10: Examples of quotes about 'support from parents'**

| Quotes   | Previous themes     |
|--|---------------------|
| <i>I was not feeling well after delivery so it was my mother who did everything for us. She only brought her to me to suckle (14 years old, study 2, p. 778)</i> | Caring for the baby |
| <i>No she (Mom) didn't say anything I expect her to cuss, she always told me that if I got pregnant she would put me out</i>                                     | Social support      |



| Quotes  | Previous themes |
|---|-----------------|
| <i>and she wouldn't be there for me she would be gone. So I am just surprise she is actually there right now..... (A-R5, study 3, p.4737)</i> |                 |

Findings show that some adolescents sought support from their parents for taking care of their child, whilst some others also obtained emotional support from their pregnancy such as acceptance. It was also evident that some of adolescents were surprised by their parents' support because their pregnancy was out with their parents' expectation. It was evident that when pregnancy occurred their parents still provided support to them.

#### 4.6.8 Partner/ husband

The '*partner/ husband*' subtheme describes adolescents experiences related to their partner/ husband's support in regards to their pregnancy and motherhood. Some adolescents felt supported from their husband [2,5,8,9,11], for example in terms of taking care their child and financial support. The following quotes in table 4-11 provides examples of adolescents' quotes related to their partner support.

**Table 4-11: Example of quotes about 'support from partner'**

| Quotes  | Previous themes                 |
|---|---------------------------------|
| <i>My partner was and continues to be supportive in the care of the child (19 years old, study 2, 778)</i>  | Caring for the baby             |
| <i>"I am just a housewife. Only my husband supported us financially. The only support that I could give my child is to rear him in a right way so that he could not experience the things I experienced" (study 5, p 250)</i> | Challenges and Coping mechanism |

It is evident that some adolescents shared the responsibility of taking care of their children with their partner, whilst some others gained financial support from their husband. It was also interesting to highlight from some adolescents' experiences that division on responsibility within their family were appeared. For example, the wife took responsibility for taking care children and husband provided financial support for their family.

#### 4.6.9 Wider family members

For some adolescents, support from their family members [2,8,11] was evident. Within the '*wider family member*' subtheme, experiences of adolescents on gaining support from their wider family member are presented, this included caring for the baby, getting involved throughout pregnancy and caring for the

adolescent women themselves. The following examples of quotes indicate the type of support:

**Table 4-12: Examples of quotes about ‘support from wider family members’**

| Quotes  | Previous themes  |
|---|--|
| <i>My aunty has been so good to my child and myself. She bought the baby's clothes and all that the baby needed, she got them (16 years old, study 2, p. 778)</i> | Caring for the baby  |
| <i>I had to stay with my father In law who took care of me during the period. (adolescent mother, 18 years old, study 11, p. 25)</i>                              | Coping with unintended pregnancy and available network of supports |

It is evident that the family member became a source of support for some adolescents, which seemed to be a positive influence for some adolescents in their transition to be motherhood. Some adolescents also explained that the availability of their family member on providing support was important for their development of coping skill management.

#### 4.6.10 Community and religious leaders

Community and religious leaders also had been identified as one of the factors who provided support experienced by adolescents. For example support came from church community. Such experiences are described within the ‘*community and religious leaders*’ subtheme. This including emotional support which had been given by showing acceptance for pregnant adolescents. The following quotes are examples of adolescent’s experiences:

**Table 4-13: Examples of quotes about ‘community support’**

| Quotes  | Previous themes  |
|---|--|
| <i>I deviated from the Christian way I was brought up. After my ordeal, I rededicated my life back and some members of my church supported me and volunteered to care for me and my child. I now assist in providing domestic services on weekend basis at three of our members' residence. They have also supported my education and I am now running a Diploma programme in the Polytechnic Ile-Ife (adolescent mother, 19 years old, study 3, p. 26)</i> | Coping with unintended pregnancy and available network of supports |
| <i>I stopped going to the church when I noticed that I was pregnant. I was suspended from engaging in church activities and my partner was invited for questioning. We were both sober and asked for forgiveness. We served some punishments and our pastor later encouraged us to live holy. I have learnt my lesson. However, there are still some of our church members who don't believe in us because of our past. (study 11, p.25)</i>                | Pregnancy Experiences      Stigma                                  |

It appears that some pregnant adolescents were gaining emotional support from their community which therefore led them to their return to their community, which seemed to be positive way for adolescents to continue their life including education and employment.

#### 4.6.11 Healthcare providers

Within this subtheme, adolescents' experiences of gaining support from healthcare providers are described. For example about how they accessed health education and information. It also appears that some adolescents could access healthcare services such as midwives and general practitioners. The following quotes are the examples of adolescents' experiences related to support from healthcare providers:

**Table 4-14: Examples of quotes about 'support of healthcare provider'**

| Quotes   | Previous themes                       |
|--|---------------------------------------|
| <i>I like the fact that as you start coming to the clinic as a teenager, yes they introduce you to go back to school... and they always make sure they talk to you (about) what to eat just to keep your baby all of that stuff, to take care of the baby, don't be stress about it (A-R1, study 3, p. 4735)</i> | Perception of services                |
| <i>"If I'm having problems I consult the general practitioner." (study 7, app 1)</i>   | Under-utilization of health resources |

It is evident that some adolescents accessed healthcare services and gained information related to caring the baby from healthcare providers. It appears that some adolescents could access support from healthcare providers.

#### Summary of theme Support

Evidence showed that adolescents were gaining support from several sources, which were parents, partner/ husband, wider family members, community and religion leaders and healthcare providers. This theme therefore provided evidence from low-lower and middle and upper middle income countries that although many of pregnant adolescents were being excluded from society, some pregnant adolescents were not being left. This evidence therefore guided the topic questions for study 2 and 3.

#### 4.6.12 Theme 3: Consequences of the adolescent pregnancy

The consequences of adolescent pregnancy theme describes experiences of adolescents relating to health-psycho-social consequences in regards to their pregnancy. It is evident that adolescents experienced stigmatisation and they felt shame of their pregnancy which is described under '*Stigmatisation and shame*' subthemes. Adolescents also experienced school termination and also work as consequence of their pregnancy which is presented in '*consequences to education and work*' subtheme. Additionally, the pregnancy also consequently brought complications or symptoms due to the complication for some adolescents, and such experience is described under the '*symptom and complication*' subtheme. As pregnancy for some adolescents was unplanned, distress and regret appeared and such experiences are presented under '*distress and regret*' subtheme. Literature showed that adolescents pregnancy has potential risk of negative consequences in terms of health-psycho-and social, particularly when pregnancy occurred in a place where there is lack of support and accessibility to healthcare (WHO, 2014b).

#### 4.6.13 Stigmatisation and shame

Stigma refers to attitudes and beliefs that lead people to reject, avoid, or fear those they perceive as being different (Whitley and Kirmayer, 2008). In this subtheme, stigmatisation and shame refers to adolescents' experiences regarding stigmatisation from society and shamefulness due to their pregnancy. Stigmatisation and shame were experienced by adolescents [see papers: 3,4,6,7,8,9]. The following quotes in table 4-15 describe the experiences.

**Table 4-15: Example of quotes about 'stigmatisation and shame'**

| Quotes  | Previous themes                                |
|---|--|
| <i>"I think so because it wasn't expected, they fret I mean not fretting but it is going to be on your mind whether you like it or not. It is going to be on the back of your head, it is going to be right there in front of you. (Have you ever had any of those feelings – bad or sad or depressed or fret a lot when you found out you were pregnant?)...Yes, I said oh my God is this for real? You would be touching it...do you think it is something in there?" (study 3, A-R1, p.4738)</i> | Distress versus psychosocial health            |
| <i>"I feel shy and sad to get married early; I am still young, and none in this village get married this early. My body is small, too. I don't know how it happened, but when I got back from work, my parents said that there was a person who asked if I wanted to get married. I could not eat for</i>   | Ambivalence<br>Toward Becoming a Young Mother/ |

| Quotes  | Previous themes                     |
|---|-------------------------------------|
| <i>several days. At night I thought about it, and then I didn't know why I decided. . . . But then after marriage, I felt sad, shy and regret that I got married early." (study 6, pregnant woman, age 17)(p.432)</i> | being to young to be a young mother |

It is evident that stigma has become one of the social pressures that are experienced by pregnant adolescents, which potentially result in their experiences of feeling shame, low self-esteem and regret. This social stigmatisation seemed to be an additional burden for adolescents which developed their distress. Additionally, it is apparent that some of adolescents also described that marriage in early age was initially from their parents and it created sadness and regret as they were not ready. It is explained that in some context adolescents were likely have no control over their own life.

#### 4.6.14 Education and work

Education and work subtheme describes consequences of adolescent pregnancy in terms of education and work, which was experienced by adolescents. It is evident that adolescent pregnancy was also having negative consequences for adolescents [see papers 1,2,6,7]. For example, they had dropped out and were not be able to continue their education as a result of their pregnancies. The following table involves examples of quotes of participants from the included papers which describes the condition.

**Table 4-16: Examples of quotes about 'education and work'**

| Quotes   | Previous themes                |
|--|--------------------------------|
| <i>"But until then I was kicked out of school because the school found out about it. So I had to stop." (study 3, A-R5) (p.4738)</i>   | Meso/ community support system |
| <i>"My life definitely changed within a second or a minute when I knew I was pregnant. I couldn't continue my study. It's like a half of my life is dead." (study 4 p.156)</i> | Dropping out from school       |

It is evident that some adolescents experienced a life change after they had dropped out from school due to their pregnancy. Some adolescents were not be able to access education in the school as well as having no access for vocational course due to pregnancy and motherhood, which seemed resulted in them having fewer skills and opportunities to obtaining jobs.

#### 4.6.15 Symptoms of complications

Symptoms of complications in this study refers to experiences of women adolescents related to signs of having pregnancy problems that led to pregnancy complications. Symptoms of complications was identified as one of the experiences faced by adolescents [2,6,7], including bleeding and hyperemesis. This is in line with evidence from previous studies which mentioned that adolescent pregnancy has a higher risk of pregnancy and childbirth complications (Azevedo et al., 2015). The following table includes expressions of adolescent women in the included papers.

**Table 4-17: Examples of quotes about ‘symptoms and complication’**

| Quotes  | Previous themes  |
|---|--|
| <i>“..... I also told her that I was bleeding and felt like couldn’t stop urinating, but she just said, “That’s no problem.” You know, they care very much about those who have money. Really, I am telling the truth. They do not care about us if we don’t have money; it is always like that at the hospital.” (study 6, new mother, age 18)( p.343)</i> | Being Ignored and Patronized by the Healthcare Providers/<br>Lacking confidence            |
| <i>“I was always wet and my mother said I have premature rupture of membranes (motse o thobegile) (study7, app 1)</i>   | Inadequate information/<br>knowledge related<br>physiological changing<br>during pregnancy |

Some adolescents explained that during their pregnancy they experienced bleeding, some others also explained they felt that there were vaginal discharge and wetness, in which can be considered as symptom of complication. It is also evident that some adolescents attempted to seek help in healthcare services, however, there was a lack of care provided. For example, they were being ignored. It seemed that some adolescents were more likely to be vulnerable as they had a lack of accessible and appropriate healthcare services

#### 4.6.16 Distress and regret

It is evident that adolescents experienced distress and regret with their pregnancy [1,3,8,9,11]. Under this ‘distress and regret’ subtheme, adolescents’ experiences related to their feeling of distress and regret due to their pregnancy are explained. Distress and regret was can be considered as psychological consequences of adolescent pregnancy (Pudrovska, 2009; East et al., 2012; Lang et al., 2012; Siegel and Brandon, 2014). The quotes from the included papers that are shown in table 4-18 are examples which illustrate the situation.

**Table 4-18: Examples of quotes about ‘distress and regret’**

| Quotes  | Previous themes   |
|---|---|
| <i>“Basically teenage pregnancy is very difficult and become painful and stressful.” (Study 8, T2, p.193)</i>   | The emotional turmoil experienced by the pregnant teenagers was caused by the overwhelming emotions they experienced in relation to their pregnancies |
| <i>“Well I try to kill myself two times....I take up a knife and I put it like this...(To your stomach two times?)...Yes Miss....(How long ago was that?).... When I find out.... I never want to continue (living) Miss...I can't manage the baby!” (study 3, B-R2) (p.4738)</i> | distress versus psychosocial health   |

It is evident that most of the adolescents experienced distress due to their pregnancy. There were two quotes from adolescents explaining that they had attempted to commit suicide. It seemed that adolescent pregnancy was not bearable for some adolescents from the included papers. Additionally, regret was also a common feeling from many of the adolescents.

### **Summary of theme consequences of the adolescent pregnancy**

Under the theme of consequences of adolescent pregnancy, it was suggested that adolescent pregnancy brings adverse consequences and burdens in both the health and social aspects of adolescents’ lives. For example, stigmatisation and shame from their community; education interruption and quitting their job; experiencing symptom of complication; and distress.

#### **4.6.17 Theme 4: After the birth of the baby**

*‘Experiences during labour and after the birth of the baby’* theme describes experiences during the process of delivery, just after the birth of the baby and when they engage in motherhood that were faced by adolescent women. For example, experience in the labour process and baby born and transition to engaging in motherhood. This theme included two subthemes which are experiences during labour and when the baby born; and resilience.

#### **4.6.18 Experiences during labour and when the baby is born**

Under this subtheme, experiences during labour and when the baby is born amongst adolescents are described. Evidence from the included papers suggests that many adolescent women had negative perceptions related to their delivery



process [2,11]. The examples of quotes provided in table 4-20, describe their experiences.

**Table 4-19: Examples of quotes about ‘experiences of labour and when baby is born’**

| Quotes   | Previous themes                     |
|--|-------------------------------------|
| <i>“I toileted too much during labor. So when I delivered, I said Oh Thank god and no more.” (study 2, 19 years old) (p.778)</i>   | Adolescent in labor                 |
| <i>“(Is this your first pregnancy?)....Yes and last!... No more I am not even sure if I am going to survive this first one! That is no way on my agenda no, time soon! When I am set and ready in life maybe; or adoption but no never again. I am positive and I am certain of that! .... It is true, Lord Jesus, people usual say one “pickney a nuh pickney” but this have to be the one, one, one. When I am ready and set in life when I am about thirty when I should have certain assets and things going for me, if I am marry or something or I am in a committed relationship maybe I will consider going again, especially if the person doesn’t have a child.” (study 3, p.4738)</i> | Distress versus psychosocial health |

It is evident that many adolescents had negative experiences related to their delivery process and it seemed to lead to their traumatised feeling of having another baby.

#### 4.6.19 Resilience

Resilience refers to the process of recovering from difficulties or toughness (Powley, 2009; Cramer et al., 2015). Other literature echoed that resilience is a period when individual recover from a crisis (Romo and Segura, 2010; Daniele and Yann, 2014). It is evident that adolescent were experiencing life difficulties as a consequence of their pregnancy. The ‘resilience’ sub theme describes the experiences of adolescent women in putting in efforts to recover from difficulties resulting from the pregnancy. Adolescents experienced resilience after their pregnancy [1,3,4,5,11]. The quotes in table 4-21 are examples of the participants’ expression of being resilient.

**Table 4-20: Example of quotes about ‘resilience’**

| Quotes   | Previous themes |
|--|-----------------|
| <i>“Whenever something knocks you down you have just to get back up on your feet, and that is what I am planning to do...Yes something knocks me down just stand to rise and I am going to arise even stronger (Interviewer: You think so?)...I know so! I am going to achieve them (goals that you have set).... I like to finish school, I tell myself say I want to be either a doctor or a midwife, so I am going to work very hard.” (study 3, A-R5) (p.4736)</i> | Resilience      |



| Quotes  | Previous themes  |
|---|--|
| <i>I was in JSS 3 when I became pregnant. After giving birth, with the support of my parents I went back to learn hair dressing (study 11, p. 25)</i> | Coping with unintended pregnancy and available network of supports |

It is evident that some adolescents explained that they tried to manage their life after the pregnancy and baby born. Some of them tried to plan to continue their education or vocational skill, in which seemed to be good for them for their future employments.

### **Summary of the theme of experiences after the birth of the baby**

It is evident that adolescent women were traumatised with their delivery process. This likely has an influence on adolescent women's perspectives related to the view of being pregnant in the adolescent age as some of the pregnant adolescents suggested that others avoid adolescent pregnancy. There was also further evidence that whilst some of the pregnant adolescents experienced difficulties and felt stuck, some of them transferred into a period of resilience. This evidence also guided the question topic for study 2 and 3.

## **4.7 Discussion**

Four main findings emerged from study 1 which aimed to explore pregnant adolescents' and their partners' health and social experiences in low-lower and middle-upper middle income countries. The main themes are '*I am Pregnant*', '*Supports*', '*Consequences of adolescent pregnancy*' and '*After the birth of the baby*'.

Under the theme of '*I am pregnant*', both unplanned pregnancy and wanting to have a baby emerged. Most of the research evidence shows that adolescent pregnancy is mostly unplanned and associated with a lack of education and awareness about contraception and pregnancy, or partner violence and abuse (Butt and Munro, 2007; Tatum et al., 2012; Panova et al., 2016). As access to legal abortion was unavailable for adolescents due to healthcare policy and practice in some countries where data were collected therefore it is evident that some of them attempted abortion by using their own methods. Despite this having a high risk of mortality and morbidity of both young pregnant women as well as

for their baby. According to Shirodkar (2010) it is evident that in the condition of unplanned pregnancy with limited access to legal abortion, there are groups of women who tend to attempt to terminate their pregnancy with their own methods, for example attempting self-induced abortion by using concoctions, which was also experienced by one of pregnant adolescents in this included papers. Additionally, there were also adolescents whom attempted to terminate their pregnancy by taking potassium which was also poison. Although, there were also some of adolescents who wanted their babies, it seems that they were having adequate support from their partner or family. For example their partner was mature and in full time-employment. The findings are in line with previous research that pregnant adolescents who wanted a baby usually have long-term futures with their partners such as those partners who would be involved in childrearing and financially support the pregnant adolescent (Edirne et al., 2010; Osaikhuwuomwan and Osemwenkha, 2013; Fenn et al., 2015).

Furthermore, the theme '*Support*' provides findings related to support sources around pregnant adolescents. Support in this qualitative systematic review is defined as providing encouragement such as financials, foods, house or health services (Sauls, 2004; Logsdon et al., 2005a; Madkour et al., 2013). Findings suggest that some pregnant adolescents obtained support from partners, parents, family, communities and healthcare providers. Supports systems have a direct influence on how pregnancy consequences affect pregnant adolescents for example decreasing the risk of depression during pregnancy (Benson, 2004; Loaiza and Liang, 2013). It is evident that some adolescents experienced difficulties in managing and adjusting to their new life as a young pregnant. For those who obtained support, they tend to adjust to their life faster and be more resilience than others who have limited supports. Pregnant adolescents with supportive healthcare providers will have better knowledge of managing their pregnancy because they can access the information and support which they need from healthcare providers (Logsdon et al., 2005b). Additionally, it is normal when women experience physical and emotional changes during their pregnancy, however, when women have no adequate information related to that, it may cause anxiety which may lead to depression (Rini et al., 2006; Letourneau et al., 2007). Support sources therefore should be accessible for pregnant adolescents

both from the community and healthcare providers. Support is not only focusing on pregnant adolescents, but, the support also needs to be accessible for their partners as well (Lehti et al., 2012; Barton et al., 2015; Ibrahim et al., 2016). Findings showed that community acceptance and healthcare providers supports were important on adolescents re-engagement in society, in which support them to re involved in their community and develop their self-esteem of being young parents.

The third theme is '*Consequences of Adolescent Pregnancy*'. The findings show that adolescent pregnancy brings negative health and social consequences for example in health matters, pregnant adolescents in the included papers experienced symptoms of complications and also symptoms of depression. Meanwhile, in social consequences pregnant adolescents experienced stigma and judgement, education or job termination and also they experienced a lack of confidence to be a young mother. The findings are similar to previous research which has been documented that adolescent pregnancy has directly given negative outcomes in terms of health and social aspects (Gogna et al., 2008; Areemit et al., 2012; Corcoran, 2016). Evidence from previous research reveals that adolescent pregnancy has a higher risk of maternal morbidity and has an indirect influence on maternal mortality (Omar et al., 2010; Rasheed et al., 2011; Sekharan et al., 2015). Adolescent pregnancy increases the risk of anaemia, post-partum depression, post-partum haemorrhage, and miscarriage (Azevedo et al., 2015). It also increases the risk of low birth weight, intra uterine foetal death, and intra uterine growth retardation (Balaha et al., 2009; Casey, 2010; Edirne et al., 2010). In terms of social outcomes, evidence shows that adolescent pregnancy links with financial difficulties, limited opportunity on school and works, limited financial outcome, stigmatisation and single parenting (Benson, 2004; Logsdon et al., 2005b; Mushwana et al., 2015; Osaikhuwuomwan and Osemwenkha, 2013). Although, much research documented that adolescent pregnancy brought negative health and social outcomes for both the mother and the baby, there is a research conducted in the UK about the positive experience of adolescent pregnancy as the pregnancy changes adolescents' direction of life for considering careers because they had someone else for whom they were responsible (Seamark and Lings, 2004). Therefore, further research exploring

adolescents' experiences needs to be considered to obtain wider research evidence related to adolescent pregnancy experiences in lower, middle, or even high income countries.

The last theme of the systematic review is '*After the birth of the baby*'. The main finding was that pregnant adolescents were experiencing financial difficulties, feeling exhausted, dropping out from school and depression. The finding is in line with previous research evidence that the negative consequences of adolescent pregnancy does not only occur in the period of pregnancy but also in the period after the birth of their baby for example delays in education, emotional crises, financial difficulties and depression (Hillis et al., 2010; Mollborn, 2010). Although, some pregnant adolescents in the included papers initially wanted their baby, they still found difficulties in adjusting to their motherhood. Findings also suggest that some pregnant adolescents were expressing resilience and put their efforts into managing their life by making attempts to gain vocational training, come back to their education and also to work. They also tended to give advice for people to learn from their experiences that being a mother is a challenge and it needs adequate preparation. Additionally, evidence from previous research shows that resilient mothers who experienced early pregnancy are influenced by positive adaptation in their transition into motherhood (Lévesque and Chamberland, 2016). There is also evidence which shows that young mothers who obtained adequate support experience resilience faster than those who lack support sources (Hess et al., 2002; Romo and Segura, 2010). Therefore, it can be concluded that although adolescent pregnancies bring negative experiences among almost all pregnant adolescents in the included papers, some of them also could be resilient when support and opportunities are accessible to them.

#### **4.8 Strengths and limitations noted within this study 1**

A comprehensive search protocol was prepared for the review that incorporated the searching of a range of professional databases, grey literature and specific websites, key local journals, reference lists and contacting authors. In addition, this qualitative systematic review transparently provides the methods that have been utilised to synthesise the data. There were only papers with grade A and B

that resulted from the critical appraisal included in the systematic review. This was to maintain the quality of the systematic review.

Confirmation and audit trail have also been maintained by discussing every step of the systematic review with the supervisory team and feedback was also obtained from peers from seminars as well as conferences. A framework adapted from Thomas and Harden (2008) was used for systematically synthesising the data. Furthermore, variety was also obtained from the included papers i.e. a variety of countries where the research was conducted, methodology and methods and status of participants. However, there were also limitations noted in the process of the qualitative systematic review. This qualitative systematic review has only included studies in English and Bahasa Indonesia. Furthermore, due to the systematic process there is no included research conducted in Indonesia and also all perspectives are from only adolescent women.

## **4.9 Conclusion**

The findings of this qualitative systematic review emphasise that adolescent women's experiences of pregnancy vary as they journey through their pregnancy and early motherhood. Crucially, the findings highlighted that there are no male adolescents involved in the included papers and no included papers were conducted in Indonesia. Therefore, the exploration was only for pregnant adolescents experiences in low-lower and middle-upper middle income countries.

## **4.10 Summary**

In this chapter, a qualitative systematic review process and its findings have been explained. Following a systematic search of literature, 11 papers were identified for inclusion in the review. A quality assessment was conducted and one paper was rejected on the grounds of poor quality, therefore findings of 10 papers were included in the data synthesis. There were 10 included studies generated and it is evident that no studies conducted in Indonesia and no male participants were included for the systematic reviews. Therefore, the researcher was not be able to compare and contrast experiences in Indonesia and other low-lower and middle-upper middle income countries as well as being unable to explore male

adolescents' health and social experiences. Initially, there were studies conducted in Indonesia, however, during the process of the systematic review they were excluded due to not meeting the inclusion criteria. The 10 included papers' findings highlight the diverse adolescent women's experiences in terms of health and social experiences in low-lower and middle-upper middle income countries.

Four key themes emerged which are '*I am pregnant*', '*Support*', '*Consequences of Adolescent Pregnancy*' and '*After the birth of the baby*'. The systematic review provided the information that whilst some of the adolescents planned their pregnancy, others did not. Whilst, some of the adolescent women had positive pregnancy experiences such as having adequate support from their partner, parent and healthcare provider, most of them explained that adolescent pregnancy had adverse consequences in health and social experiences. Some adolescent women tended to experience resilience, whilst the others experiences struggle with pregnancy complication, financial matters, jobs, education, depression and regret, exclusions, single parenting, shamefulness and stigmatisation as well as difficulties of raising the babies.

Having the evidence that there were no included papers conducted in Indonesia and no papers which included male participants, conducting research exploring adolescent pregnancies experiences in Indonesia including exploring female and as participants is needed. The findings of study 1 were used to inform and construct topic guideline of study 2 and study 3 that were conducted in Indonesia.

## **Chapter 5 : Study 2 An In-depth Study of Pregnant Adolescents and their Partners during the Pregnancy**

### **5.1 Introduction**

Chapter 5 presents a detailed account of study 2. This study focuses on Indonesian adolescents' experiences during pregnancy. The aim and objectives are presented along with the methods used, including study population, sampling technique and size, inclusion and exclusion criteria, recruitment, process of data collection, and data analysis. Participants' quotations are provided to add depth to the themes generated. A summary of each theme and a discussion drawing on the wider literature is provided. An overarching summary at the end of this chapter is provided in order to conclude what Chapter 5 is about.

### **5.2 Aim and objectives for study 2**

The aim of the study was to explore Indonesian adolescents' experiences during their pregnancy with the following objectives:

1. Explore the experiences of pregnant, female Indonesian adolescents residents in Indonesia.
2. Explore the experiences of male Indonesian adolescents who have a pregnant Indonesian girlfriend whilst resident in Indonesia.
3. Compare and contrast between female and male Indonesian adolescents' experiences whilst resident in Indonesia.

### **5.3 Methods**

This section explains the methods used to meet the above aim.

#### **5.3.1 Study population, sampling technique and sample size**

The population of this study was Indonesian pregnant adolescents and their partners who were resident in Indonesia. Non-probability sampling technique was selected to be used in study 2 i.e. convenience and snowballing sampling technique in order to reach the number of potential participants. It was considered appropriate to employ two sampling strategies as it was anticipated that it may be challenging to recruit participants because of the sensitive nature of the topic.

There was no literature to help estimate recruitment patterns in this context to the best of researcher's knowledge. Theoretically, when difficulty in recruiting participants is anticipated, using more than one technique to improve recruitment is recommended (Luborsky and Rubinstein, 1995; Marshall, 1996; Flick et al., 2007; Mason, 2010). The researcher expected four couples would be included in study 2 due to considering challenges of participants' recruitment. Recruiting a small sample in qualitative studies or even only an individual, is reasonable where gathering narrative data via in-depth interviewing is the methods of choice (Crouch and McKenzie, 2006).

### 5.3.2 Inclusion and exclusion criteria

The table 5-2 presents inclusion and exclusion criteria for study 2. These were developed and applied in order to select participants which could meet with the aim of this study.

**Table 5-1: Inclusion and exclusion criteria**

| Gender        | Inclusion  | Exclusion   |
|---------------|--|---|
| <b>Female</b> | <ol style="list-style-type: none"> <li>1. Indonesian resident.</li> <li>2. Pregnant.</li> <li>3. Aged 19 or less (at the time of recruitment).</li> <li>4. Premarital pregnant case or married during pregnancy.</li> </ol>                          | <ol style="list-style-type: none"> <li>1. Rape cases.</li> <li>2. Learning disabilities.</li> </ol> |
| <b>Male</b>   | <ol style="list-style-type: none"> <li>1. Indonesian resident.</li> <li>2. Has a pregnant girlfriend or wife.</li> <li>3. Aged 19 or less (at the time of recruitment).</li> <li>4. Premarital pregnant case or married during pregnancy.</li> </ol> | <ol style="list-style-type: none"> <li>1. Learning disabilities.</li> </ol>                         |

As study 2 aimed to explore Indonesian adolescents' experiences during pregnancy due to premarital sexual relationships, women who were pregnant due to rape were excluded. This was because pregnant women as a consequence of rape, would not be stigmatised as they did not behave out with cultural and religious values. Women who become pregnant as a result of rape cases may have access to a legal abortion or have the choice to place their child in public foster care. Consequently their experiences different to adolescents who chose a relationship. Adolescents with learning disabilities were also excluded as it was considered unjust to approach them as they were less likely to understand what



was required from them and why. They may be less likely to provide informed consent to be involved in this study (McClimens and Allmark, 2011).

### **5.3.3 Recruitment**

The researcher identified potential participants by reviewing antenatal care records in both a public health centre and a midwifery private clinic. It is a normal practice to access patients' medical records by a researcher in Indonesia when ethical approval and permission have been obtained. Furthermore, posters about the study were displayed in the waiting rooms of the public health centre and midwifery private clinic. The poster displayed brief information to attract adolescents to participate and contact number for the researcher, if there were any queries related to study. The antenatal records were identified potential participants because they provided history of the pregnancy, partner or husband, and age of participants as well as a contact number and address. Two different procedures were used to gained the consent of married and unmarried participants, as required by local legislation (Subekti and Sudibyo, 1995). Details of how participants were recruited is explained in the following section:

#### **1. Married participants**

- a. Female and male potential participants were identified from antenatal care (ANC) record by the researcher.
- b. At the antenatal clinic appointment a midwife offered potential participants an information sheet and a consent form and asked if they would like the researcher to contact them within 3 days to ascertain whether they wished to take part in the study.
- c. Within three days, potential participants were contacted by mobile phone. A brief introduction was given including who the researcher was, the purpose of contacting them and then checked whether potential participants had received an information sheet and consent form from their midwife.
- d. A brief explanation of the study related to the information sheet was also given. Potential participants had the opportunity to seek clarification and ask questions. When the researcher was assured that they understood the information, they were asked if they were interested to take part in the study or not.

- e. When potential participants expressed interest verbally to participate in the study, an appointment was made for a face to face interview session.
- f. An informed consent was gained by signing the informed consent sheet, before the interview was conducted.

Adolescents who were married are legally permitted to give consent to participate in any research. According to Indonesian Civil Law Code (Kitab Undang Undang Hukum Perdata) (KUHP) article 330, in Indonesia adulthood (age of consent) is considered when people are aged 20 or above or under 20 years of age and married. Furthermore, in Indonesia, it is common for a woman's partner or husband to accompany their wife to an antenatal care visit. Therefore the similar procedure for recruiting married male participants were employed.

## 2. Unmarried participants

- a. Stage a, b, c and d were followed as above.
- b. When potential participants expressed an interest verbally, to take part, it was explained that the researcher needed their permission to gain consent from the adolescents' parents.
- c. In this situation, before the first interview session, informed consent was gained from adolescents' parents.

There were a couple (two participants under aged of 20) in study 2 who needed to gain consent from their parents as they were not married, whilst the rest of the participants were married at the time of interview and gave individual personal consent before the interviews were conducted. Details of participants information sheets, and consent form (in English version) can be seen in the appendix I.

### **5.3.4 Data collection**

In-depth interviews were undertaken in order to gain verbal information about participants' experiences. In addition, field notes were written soon after the interview in order to capture context such as participant behaviours during interviews and/ or the researcher's thoughts and feelings in relation to the interview process. For example, body language of participants and gestures, or specific tensions which were expressed when participants described their experiences. Field notes were beneficial, particularly in helping the researcher in

terms of data interpretation. A sample of field note written can be seen under data analysis section 5.3.5.

In terms of tools for interviews, a topic guide was developed based on the findings of study 1. Generally, in-depth interview topic questions often only involve one or two questions and then during the interview, the researcher develops questioning and probing based on the answers of participants (Liao and Xie, 2009; Brouneus, 2011; Fetscher, 2013). In study 2, the guide included more than two questions and used probes to explore adolescents' experiences dependent upon the adolescents' answers. The interview questions helped the researcher explore topics and themes informed by findings of study 1 (Brouneus, 2011; Trower, 2012). Details of interview questions can be seen in the table 5-2.

**Table 5-2: Interview questions of study 2**

| Interview Questions of Study 2   |  |
|--|--|
| Female   | Male   |
| <p>1. Theme 1 : Initial contact during pregnancy</p> <ul style="list-style-type: none"> <li>• Can you tell me what it is like being pregnant?</li> <li>• And can you tell me how you first knew you were pregnant....and how you found help...who helped you the most?</li> <li>• Is this a good time to be pregnant for you?</li> </ul> <p>2. Theme 2: Mid-point before term</p> <ul style="list-style-type: none"> <li>• Can you tell me how you have been feeling about this pregnancy?</li> <li>• And can you tell me about any changes you have made to your life so far?</li> <li>• Can you tell me about who has helped you and what help you have needed so far</li> </ul> <p>3. Theme 3: Late pregnancy</p> <ul style="list-style-type: none"> <li>• Can you tell me how you feel about this pregnancy now?</li> <li>• And can you tell me about your plans for the birth and after your baby is born?</li> </ul> | <p>1. Theme 1 : Initial contact during pregnancy</p> <ul style="list-style-type: none"> <li>• Can you tell me what it is like having a pregnant girlfriend or wife?</li> <li>• And can you tell me how you first knew that your girlfriend or wife was pregnant....and how did you respond to it?</li> <li>• Is this a good time to have a pregnant girlfriend or wife for you?</li> </ul> <p>2. Theme 2: Mid-point before term</p> <ul style="list-style-type: none"> <li>• Can you tell me how you have been feeling about your girlfriend's or wife's pregnancy?</li> <li>• And can you tell me about any changes you have made to your life so far?</li> <li>• Can you tell me about who has helped you and your girlfriend or wife and what help you have needed so far?</li> </ul> <p>3. Theme 3: Late pregnancy</p> <ul style="list-style-type: none"> <li>• Can you tell me how you feel about your girlfriend's or wife's pregnancy now?</li> </ul> |

| Interview Questions of Study 2   |   |
|--|---|
| Female   | Male  |
| <ul style="list-style-type: none"> <li>• Can you tell me about who has helped you and what help you have needed so far?</li> <li>• And after your baby is born, who do you think will help you and what do you think you will need?</li> <li>• And can you tell me about any changes you have made to your life so far?</li> </ul> | <ul style="list-style-type: none"> <li>• And can you tell me about your plans for the birth and after your baby is born?</li> <li>• Can you tell me about who has helped you and what help you have needed so far?</li> <li>• And after your baby is born, who do you think will help you and what do you think you will need?</li> <li>• And can you tell me about any changes you have made to your life so far?</li> </ul> |

The process of recruitment, consent and interview questions were piloted. A pregnant adolescent and her partner participated in the pilot, which helped researcher to assess if the process of recruitment, consent and the questions were understood, applicable and if they yielded pertinent answers. The pilot interview was conducted individually. It was found that:

- Pilot participants understood the information sheets, informed consent form and voluntarily agreed to be interviewed by signing the informed consent form.
- When using a friendly conversational approach duration of interview was between 30 to 40 minutes without any significant interruption.
- Participants responded and seemed enthusiastic about describing their story which suggested that they had a clear understanding of the questions and were willing to participate voluntarily.
- Neither participant asked for an appointment with the midwife after their interviews, suggesting that neither needed additional support from her
- Probing questions were used to gain further insightful perspectives such as 'tell me more about your feelings on.....' ; 'you said.....tell me a bit more about that.....' ; 'you said..... expand on that if you can.....' and 'how do you feel about that'.

Since the pilot process of research appeared feasible to be run and interview questions showed gathered data appropriately, there were no amendments required to the participant information sheet, informed consent form, procedure

of recruitment or interview schedule. The pilot data were not included in data analysis. Although it was evidence that separating data from pilot interview of qualitative research are not necessary (Holloway, 1997), from the initial plan researcher had no intention to use the pilot data to be further analysed. Researcher also found that there were no new information emerged from the pilot.

In terms of real data collection, interviews were recorded in Bahasa Indonesia. There were three times of interviews with each participant at different time points, with an expected maximum of 60 minutes per interview and pre decided range of topics was prepared. The first interview was conducted soon after first contact was made during the pregnancy, the second interview was between the time after contact and the expected date of birth and the last interview was in the late pregnancy (before expected birth dates). However, participants were free to withdraw at any time before, during the interview and up to 24 hours after the interview without giving a reason. Participants had the choice whether or not to complete three interviews in order to maintain the autonomy of participants. During the interview, verbal and non-verbal communication were used by researcher to provide appropriate feedback (Silverman, 2006; Onwuegbuzie and Denham, 2013). For example, if the interviewee was on track, head nodding or verbal acknowledgement was used to encourage participants to give more information. In an Indonesian cultural context head nodding is considered as sign to encourage people in communication. By contrast if the interviewee was not on track, the probing questions were used to help guide the interview such as by using '*lets talk about.....*'.

Probing questions were also used to encourage participants to explore more topics related to their experiences. However, consideration was given should any participants express anxiety, discomfort or distress during the interview, a rest would be offered and consent to continue or to withdraw from the study would be sought. Arrangements were also in place should participants get upset and/ or require help after the interview, participants could also see a midwife. There is evidence that employing probing questions helps the researcher to probe the participant's thinking and re-framing their thinking. In order to maintain consistency of the topics explored, the researcher used the topic guide.

### 5.3.5 Data analysis

Thematic analysis was conducted by using a framework from Colaizzi (1978) in extracting, organising, and analysing the narrative dataset with systematic steps in study 2. The key stages of qualitative data analysis adapted from Colaizzi (1978), are:

1. Transcription by using a protocol from audio recording, read and re read transcriptions to getting familiar and acquire a feeling them.
2. Extracting significant statement by reading transcription and pull out statements or phrases that directly pertain to the investigated phenomenon.
3. Formulated meaning by spelling out meaning of each significant statement.
4. Clusters of themes by integrating ideas of meaningful ideas into sub themes and themes.
5. Exhaustive description of the phenomenon by integrating results so far of phenomenon being investigated.
6. Formulate exhaustive description of the phenomena being investigated as unequivocal a statement of identification of its fundamental structure as possible.
7. A final validating by returning to the participants.

The application of Colaizzi (1978) framework in practice can be seen in Table 5-3.

**Table 5-3: Data analysis process**

| No | Data analysis step of Colaizzi (1978) | Application of the study  | Quality assurance   |
|----|---------------------------------------|---|---|
| 1  | Transcription                         | a. Interview audio record transcribed verbatim in Bahasa Indonesia.<br>b. Six examples of transcriptions translated into English.<br>c. Transparently providing statements and phrases that cannot be directly translated into word by word, so meanings were | a. Peer checking was employed to validate interview audio records and transcriptions. Blocking audio that involved names and personal details was conducted to improve confidentiality. |

| No | Data analysis step of Colaizzi (1978) | Application of the study  | Quality assurance  |
|----|---------------------------------------|---|--|
|    |                                       | <p>priority in the translation process.</p> <p>d. Transcripts were read and re-read to make the researcher familiar with the data and acquire a feeling of them.</p> <p>e. Conversational gap fillers, expressions of feelings of doubt, confirmation, insecurity, thoughtfulness; were also presented in transcriptions, pauses were indicated; and incomplete words were written verbatim. These techniques were beneficial in line by line analysis.</p> | <p>b. Pseudonyms have been used to improve confidentiality.</p> <p>c. All the transcriptions were done by the researcher and the examples of English translations provided in order to minimise misinterpretation and loss of meaning.</p> <p>d. An experienced person fluent in both Bahasa Indonesia and English as well as had experiences in qualitative interview transcriptions was used to check the transcriptions against audio records and back translation to minimise error in transcriptions and translation.</p> <p>e. Six examples of transcriptions translated into English were reviewed by supervisors.</p> <p>f. Presenting design of research including data analysis was also conducted to gain feedbacks from peers in local</p> |

| No | Data analysis step of Colaizzi (1978) | Application of the study  | Quality assurance  |
|----|---------------------------------------|---|--|
|    |                                       |   | seminars and conferences as well as international conferences.   |
| 2  | Extracting significant statement      | a. Identify significant or meaningful statements or phrases related to adolescent experiences by highlighting them.<br>b. Using N-Vivo tool to highlighted them.  | a. N Vivo training was attended before data analysis.<br>b. Qualitative data analysis training course was attended before data analysis process. |
| 3  | Formulating meaning                   | a. Explain the meaning of each significant or meaningful statement or phrases by considering Indonesian context.<br>b. Draw out the experiences, perspectives, views, feelings, and opinions<br>c. Using N Vivo to create nodes as coding step                        | Review of initial analysis by supervisors to assure believability.   |
| 4  | Clusters of themes                    | a. Integrating the resulting ideas that came from formulating meaning by categorising them into sub themes and themes<br>b. Return to the transcriptions and audio recording to double check and reminding of the context<br>c. N Vivo was used to manage the process | Review of initial analysis by supervisors to assure believability.   |
| 5  | Exhaustive description                | a. Subthemes and themes were checked whilst revisiting significant or   | a. Quality check of translation by experienced   |



| No | Data analysis step of Colaizzi (1978) | Application of the study   | Quality assurance   |
|----|---------------------------------------|--|---|
|    |                                       | <p>meaningful statements or phrases</p> <p>b. Recognising the possibility of new phenomena emerged, converting and merging of subthemes or themes was also conducted.</p> <p>c. Narratively build dimension of female and male experiences</p> <p>d. N-Vivo was used to manage the process</p>                                       | <p>person whom fluent in both languages, in order to check the transcriptions from Bahasa Indonesia to English and English to Bahasa Indonesia</p> <p>b. Review by supervisors to assure believability.</p> |
| 6  | Formulate fundamental structure       | <p>a. Exhaustive descriptions were integrated into the fundamental structure in order to provide a clear structure of adolescents' experiences</p> <p>b. Experiences presented narratively by using quotes and distinguishing fonts and narratively building the experiences of females and males that can be related each other</p> | Review by supervisors   |
| 7  | Final validation                      | The researcher did not conduct member checking. However, quality assurance was maintained during the process of analysis to enhance credibility, dependability, believability and trustworthiness.   |   |

The data analysis began with data preparation which involved activities such as the transcription of interviews into Bahasa Indonesia and the data were anonymised, all details that potentially pointed to participants were removed and pseudonyms have been used to improve confidentiality. All the transcriptions were transcribed by the researcher in order to minimise misinterpretation and

losing meaning (Easton et al., 2000). The similar background of the researcher and experiences in midwifery practices as well as research in a similar context was also beneficial in data interpretation. Field notes that were taken after each interview ended also helped the researcher on data interpretation. An example of field notes can be seen in the following box.

**Title: Field note of Interview of Participant 4 (Devi) (1<sup>st</sup> Interview)**

**Date: 29<sup>th</sup> April 2015**

**Length of interview: 25 minutes**

**Descriptions:**

Devi came to public health centre with her mother. At the time of first meeting/ interview she was unmarried. During pre-interview session, she did not talk much. She also asked her mother to accompany her during pre-session interview. Pre session interview includes informal conversation and in this session I used the opportunity to tell more about myself as a researcher. The pre session interview was about 20 minutes long.

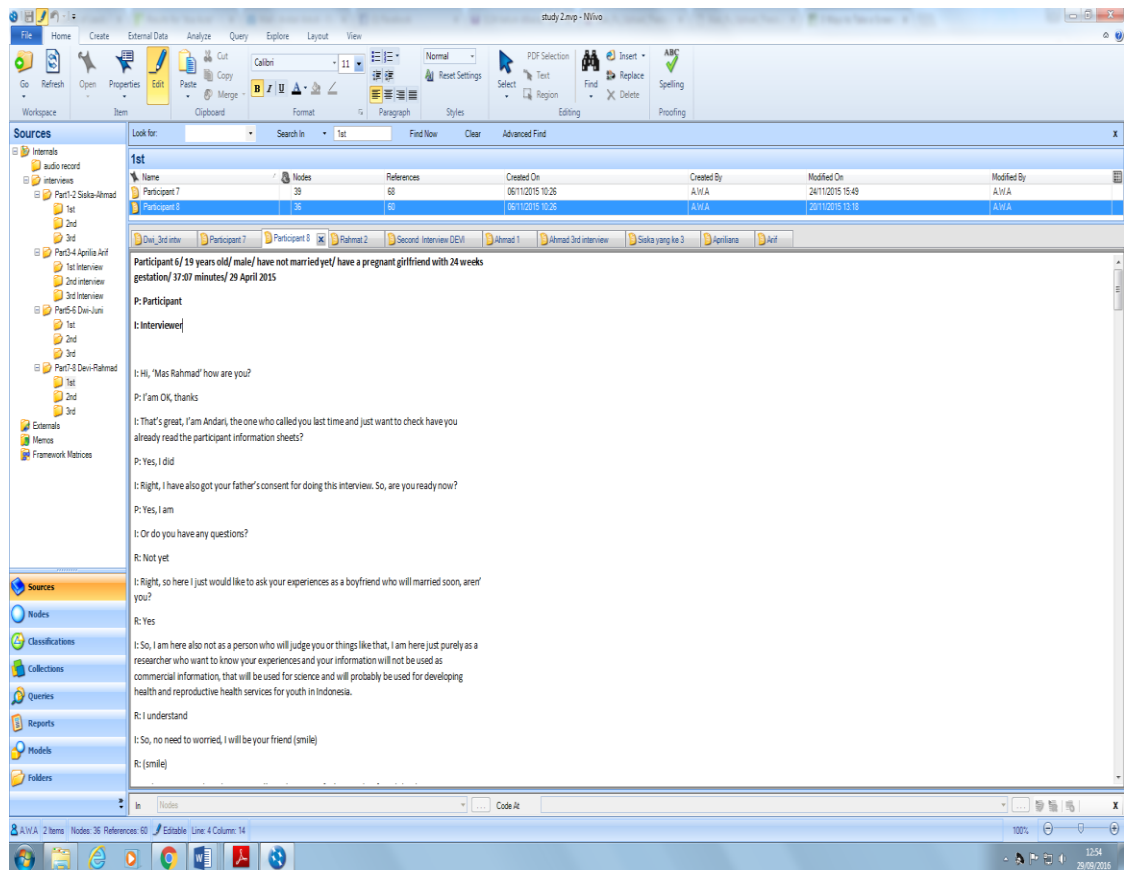
During the first interview, Devi still did not want to talk much. She answered the questions briefly and I could see that she was avoiding to describe her current condition in detail. She also said that she was not ready to tell the story at some points of the topics, such as when I asked her plan about marriage. Devi mostly talked about her experiences or concern about judgement from societies, when I asked about responses of boyfriend and family, she said wanting to talk about it in the next interview after she married.

When she described about her family, she appeared to describe carefully; without making herself appeared to have disappointed her family, but still maintaining honesty. I could see that she was trying to explain that her family was doing fine, whilst she put herself as the person who did a mistake.

In terms of transcriptions, they took about 6 to 7 hours to complete, this is in line with suggestion by Carpenter (2008) and Speziale and Carpenter (2011) that each interview with about 60 minutes length will take about 6-8 hours to transcribe. An audit check was also used to compare transcriptions against interview records by an Indonesian fellow who was capable and experienced in qualitative data transcriptions and English translations. There was a high level of agreement that transcriptions were accurate with the audio record. Furthermore, four sample transcripts were translated into English by the researcher and then checked by an Indonesian fellow who is fluent in both Bahasa Indonesia and

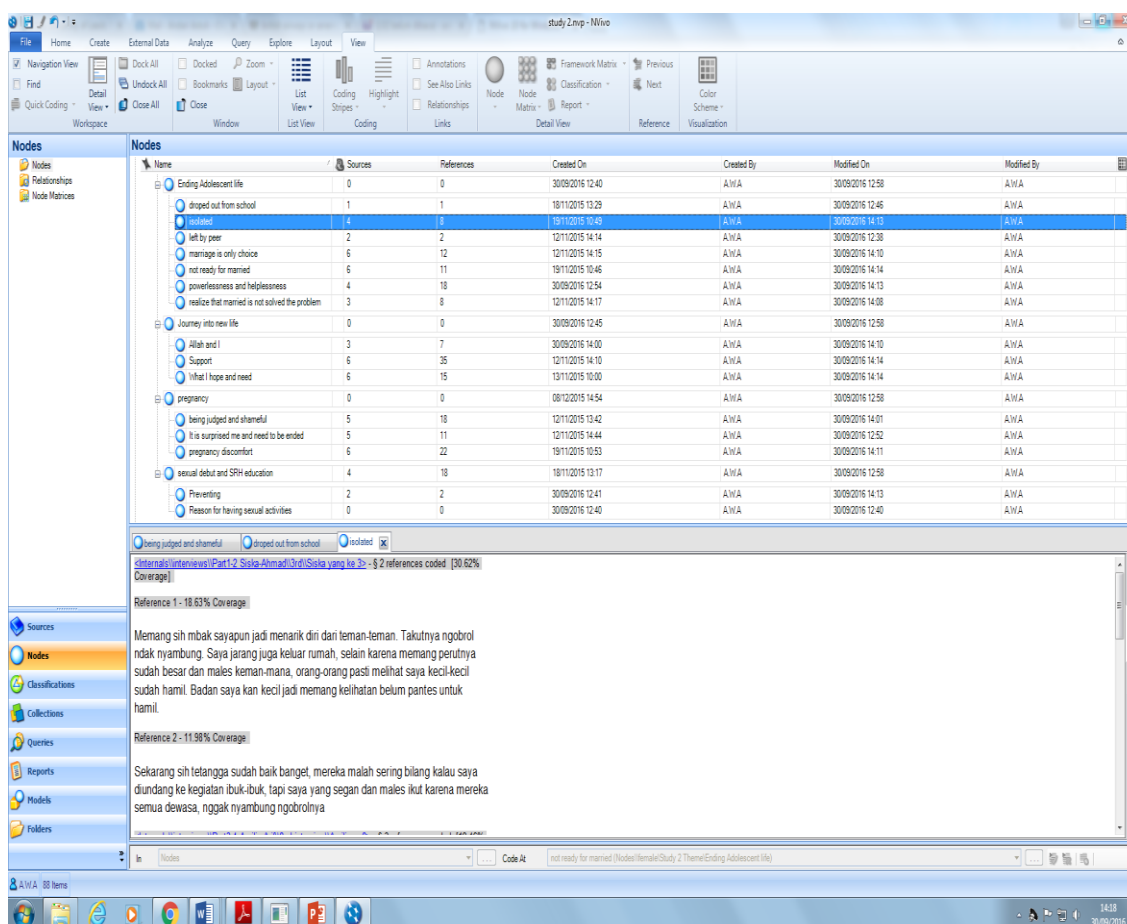
English, and translated back from English to Bahasa Indonesia. The back translation was used to ensure that there was no change in meaning in the process of translation. This approach was to minimise missed interpretation in some phrases, expressions and/ or language. Factors which affect the quality of translation in research include the linguistic competence of the translator and the translator's knowledge of the people under study, therefore it is important that the translation is conducted by a translator who is truly bilingual (Chen and Boore, 2010). The PhD researcher is bilingual in Bahasa Indonesia and English, is familiar with the socio-cultural context in this research, and has experience in research and practice in similar contexts. Overall there was no different opinion regarding to the participants narrative in Bahasa Indonesia and English text, which reflect high level of agreement in terms of terminology and meaning between PhD researcher and the co-researcher (an Indonesian fellow). These strategies were conducted to improve the accuracy of the transcripts translation.

Furthermore, an iterative process in order to gain meaningful insight was employed to find data from a different angle and to minimise missed information that might be occurred. The iterative process of data analysis was useful for researcher in terms of understanding the meanings and allowed researcher to worked form different angel of views. QSR N Vivo 10 has been used for data management of transcripts, scanned field notes, soft file related data and audio recording. The following figure illustrates the sample of N-Vivo used on managing sources of data:



**Figure 5-1: Example of N Vivo on managing sources**

Familiarisation was conducted by reading and re-reading through the data, listening and re-listening to the audio recordings of interviews and identifying emergent themes as well as considering the applicability of predefined themes. The process was employed in order to get familiar with and get a general senses of the data, as well as to remind the researcher during the process of interviews which is in line with aspects to consider in qualitative interview transcriptions suggested by Speziale and Carpenter (2011). The next step was coding by using an inductive approach where themes were developed directly from the data. Coding was in English language in order to start analysing further processes which were looking for patterns, comparing and contrasting; abstraction and synthesis; production of thematic account; development of typologies and looking for deviant cases (if any) to refine the analysis. QSR N Vivo 10 was used to organise codes, subthemes and themes. During data analysis, an iterative process was applied and discussion with the supervisory team was also conducted to maintain believability. The following figure illustrates the sample of N-Vivo used on coding and creating sub themes and themes:



**Figure 5-2: Example of the use of N Vivo for analysis**

## 5.4 Findings

This section provides findings from study 2 including recruitment outcomes, characteristics of participants, and emerging themes.

### 5.4.1 Characteristics

In study 2, eight Indonesian adolescents (four couples) including females and males were recruited (plus two participants for the pilot). All participants were identified from antenatal records from both the public health centre and midwifery private clinic. The profile of the participants can be seen in the table 5-4.

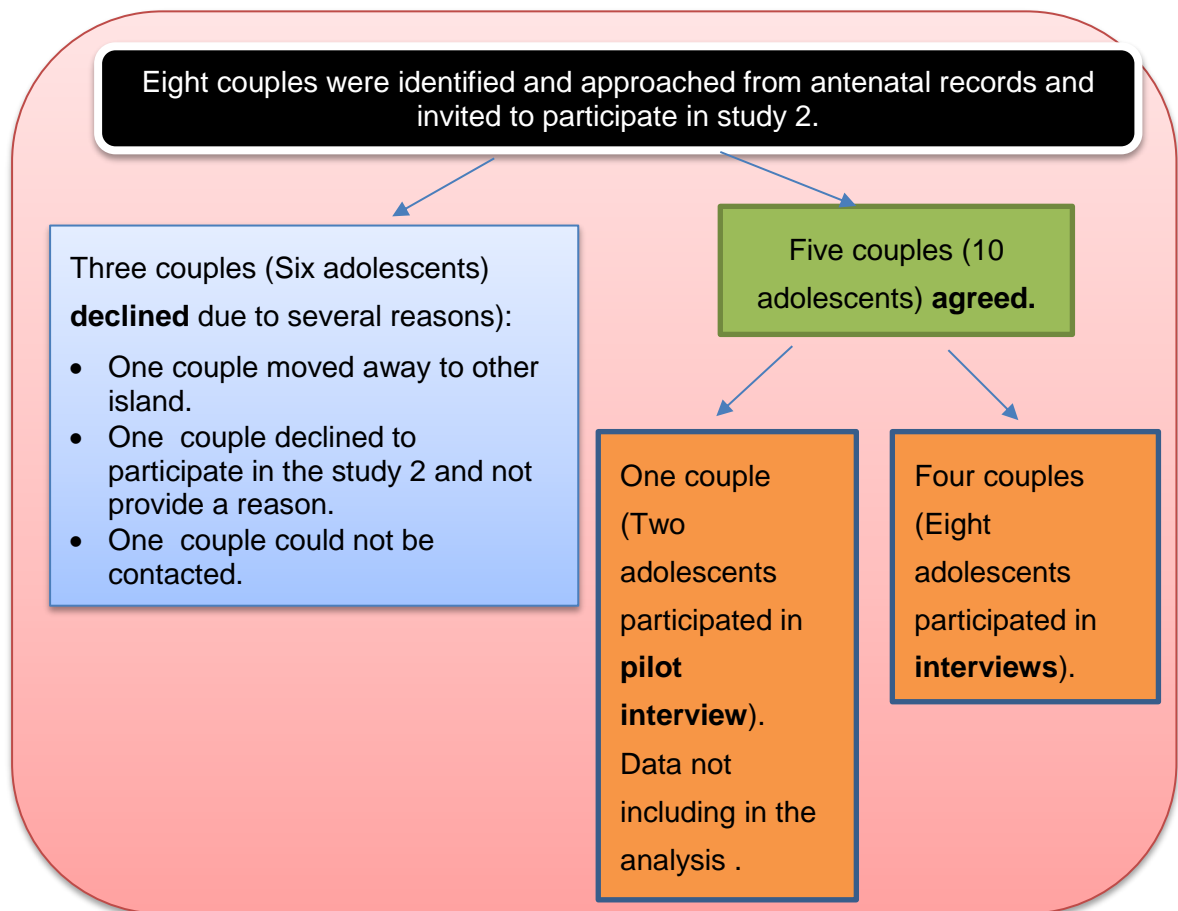
**Table 5-4: Profile of participant**

| Couple   | Participants/<br>Age | Interviews<br>(minutes)/<br>gestations          | Descriptions   |
|----------|----------------------|---|--|
| <b>1</b> | Siska (18)           | 42"/ 32 weeks<br>30"/ 36 weeks<br>27"/ 39 weeks | Siska was in high school and married her boyfriend. She married when she was in her 3 <sup>rd</sup> trimester of her pregnancy.                              |
|          | Ahmad (19)           | 30"; 37"; 27"                                   | Ahmad is Siska's husband. He left school and at the time of interview, he was working part time with only earns minimum wage per month.                      |
| <b>2</b> | Aprilia (18)         | 46"/ 24 weeks<br>43"/ 29 weeks<br>30"/ 36 weeks | Aprilia has not completed secondary school due to her economic situation. She was in her 2 <sup>nd</sup> trimester of her pregnancy at the time of marriage. |
|          | Arif (18)            | 40"; 27"; 25"                                   | Arif was Aprilia's husband. He completed secondary school. He worked in a city with minimum monthly wages.   |
| <b>3</b> | Dwi (19)             | 39"/ 16 weeks<br>30"/ 20 weeks<br>51"/ 35 weeks | Dwi completed primary, secondary and high schools education. She married her boyfriend in the 3 <sup>rd</sup> trimester of her pregnancy.                    |
|          | Junianto (19)        | 25"; 35"; 45"                                   | Junianto was Dwi's husband. He completed secondary school and then worked with minimum monthly wages.  |
| <b>4</b> | Devi (18)            | 25"/ 24 weeks<br>51"/ 28 weeks<br>35"/ 36 weeks | Devi was aged 18. She left school in due to being pregnant. She married her boyfriend in the 2 <sup>nd</sup> trimester of her pregnancy.                     |

| Couple | Participants/<br>Age | Interviews<br>(minutes)/<br>gestations | Descriptions   |
|--------|----------------------|--|--|
|        | Rahmad (19)          | 20"; 25"; 41"                          | Rahmad was Devi's husband. He left school due to his girlfriend's pregnancy and he was looking for job at the times of the interviews. |

#### 5.4.2 Process of participant recruitment

The process of recruitment can be seen in Figure 5.3.



**Figure 5-3: Process of approaching adolescent participants for recruitment to study 2**

There were eight couples identified as potential participants and all of them were approached to participate in the study 2. However, of these 8 couples, one couple moved to another island therefore they decided for not to participate due to limited time. One couple declined to participate without giving a reason. One couple could not be contacted, because their mobile number was not active and a letter was sent but no response was received. For both couples this may have been

due to nature of this sensitive topic. In total five couples agreed to participate, in which one couple participated in pilot process and interview questions and four couples participated for the main interviews.

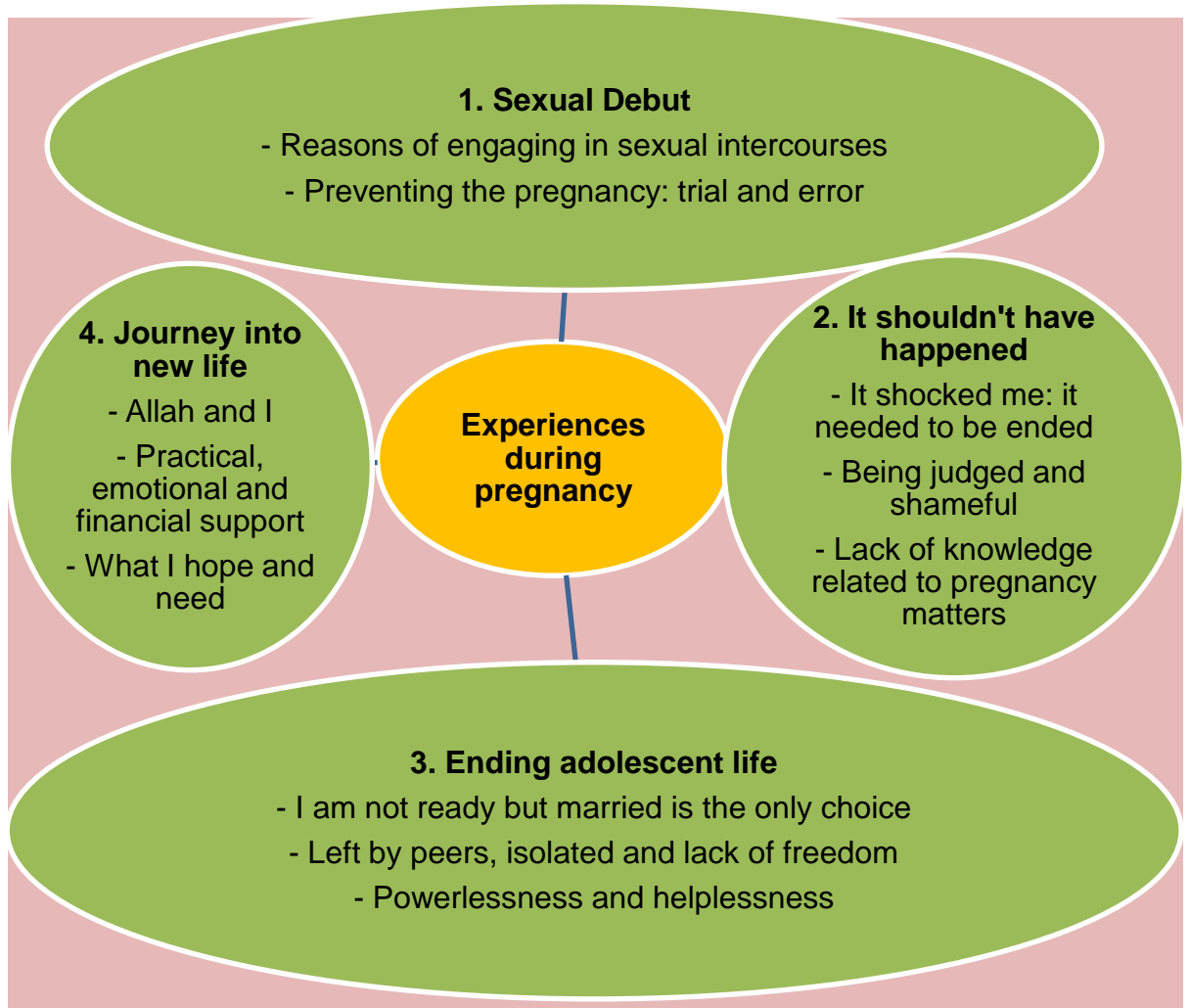
Displaying posters did not result in any participants or queries. However, the posters may have contributed to participants' decision to take part in this study, because the posters provided brief information and they were displayed in the waiting rooms of the public health centre and midwifery private clinic which enabled people to read easily. Furthermore, the snowballing sampling technique did not work, none of the participants provided information or pointed to further potential participants. Both female and male adolescents were also more likely to be reluctant to answer when the researcher asked if they have any friends or know people that potentially could be involved in this study 2. This was most probably because adolescents pregnancy due to premarital pregnancy is considered as opposition to cultural and religion expectations in an Indonesia. Additionally, in terms of the data collection process, one participant in study 2 asked for a break about 10 minutes during the interview due to feeling high tension with the story. An opportunity to stop the interview was offered, but, the participant decided to continue after a 10 minute break. None of the participants contacted the midwife after the interviews, which suggests that participants were not experiencing negative feelings and were voluntarily telling their experiences.

#### **5.4.3 Emerging themes**

The data and emerging themes explains female and male adolescents' experiences before the pregnancy occurred, when pregnancy occurred and when they engaged in marriage. The themes represents the experiences of adolescents' journey through their pregnancy. Four themes emerged from the data which are '*sexual debut*', '*it shouldn't have happened*', '*ending adolescent life*' and '*journey into new life*'. It starts with the experience of engaging in premarital sexual relationship and sexual debut amongst adolescents, which led to the pregnancy occurring; such experiences are categorised in the '*Sexual Debut*' theme. Followed by adolescents' experiences when they discovered their pregnancy and when others such as family, peers, school and community responded their pregnancy, themed '*It shouldn't have happened*'. The '*ending adolescent life*' theme presents adolescent experiences of how they engaged in



marriage, life changing after marriage and how others responded to their marriage. The last theme is the '*Journey into New Life*' which describes adolescents' experiences in their marriage including how they manage their life and how they sought support. The four themes which emerged from the data presents adolescents' journey into an unplanned pregnancy and marriage. The diagram 5-4 presents the themes.



**Figure 5-4: Themes and subthemes that emerged from study 2**

#### **5.4.3.1 Theme 1: Sexual debut**

The theme of '*Sexual debut*' represents adolescents' experiences of their premarital sexual relationships before their pregnancy occurred and their experiences related to SRH education. Previous research defined that sexual debut among adolescents refers to the first sexual relationship and then sexual activities being practiced by adolescents subsequent to the first encounter

(Cavazos-Rehg et al., 2009; Chiao and Ksobiech, 2015; Ding et al., 2015). Adolescents' sexual debut has been explored in low-lower and middle-upper middle income countries, in study 2, sexual debut refers to both female and male adolescents' experiences of their first time of engaging in premarital sexual relationship. The participants also highlighted their reasons for engaging in sexual relationships and of the ways in which they attempted to prevent pregnancy.

#### **5.4.3.1.1 Reasons of engaging in sexual relationships**

Both female and male adolescents described their experiences of their willingness and reason for engaging in sexual relationship for the first time and of their sexual activities subsequently. There are several reasons cited in literature which most often influence adolescents' decision making on engaging in sexual relationship which are peer influences, desire for loving and intimacy development with their partners, partner coercion and adolescent marriage (Bergamim and Borges, 2009; Tavares et al., 2009; Finer and Philbin, 2013). Findings from study 2 concur that some of reasons adolescents engage in sexual relationship were similar with previous literature such as desire for loving each other. It appears that loving each other was a common reason which influenced both female and male adolescents in this study to engaging in premarital sexual relationship. For example, this was articulated by Rahmad:

*"We love each other (pause) we did (sex) and I never forced her to do that (pause) I know her since long time ago and our relationship is not for fun only (pause) we also support each other..." (Rahmad, male, 19 years old)*

Similarly, some female adolescents' accounts also confirmed that loving each other brought them into engagement in premarital sexual relationship, for example Aprilia reported:

*"It (sex) was unplanned before but I have never been forced by him for doing it (sex)(pause) it was because we love each other I think (pause) I love him that is why I gave it (sex) to him (pause) that is for my first time and will never give it for somebody else...." (Aprilia, female, 18 years old, 24 weeks gestation)*

Aprilia's quote represents all female participants. The quotations of Rahmad and Aprilia indicate that relationships were developing between both female and male adolescents into their intimacy which was driving them to their engagement in premarital sexual relationship. Such sexual relationship therefore consequently

led to the pregnancy occurring. It is evident that individual intention for loving each other drove adolescents into premarital sexual relationship, which reflects their intimacy development. Further discussion about why the sexual relationship and intimacy development amongst adolescent occurred can be seen in section 5.5. Additionally, there will be also further discussion and explanation related power of individual including desire to loving each other which played an important role in adolescents' sexual debut, which can be seen in Chapter 7.

All female participants also stated that initially they were approached by their boyfriend to engaged in premarital sexual relationship. As reported by female adolescents, Devi and Siska:

*'.....honestly at first time it (sexual intercourse) was unplanned (pause) I also realised that sex could led pregnancy, but, I remember at first time he was trying to convinced me and said to believe him that it (pregnancy) wouldn't happened since he knew the way to prevent the pregnancy.....(Devi, female, 18 years old, 28 weeks gestation)*

*"He asked for the first time and he also always said what we did (sexual relationship) would be no problem (pause) just safe (pause) would not make me pregnant (pause) he convinced me." (Siska, female, 18 years old, 32 weeks gestation)*

It appeared that female adolescents had been influenced by their boyfriends to engage in a premarital sexual relationship and they confirmed that initial willingness for engaging in sexual relationship came from their boyfriends. It can be seen that both Devi and Siska were anxious about becoming pregnant and they were passive and agreed to engage in sexual relationship as their boyfriend asked. Such experience, most probably happened most probably because there was a culture value in Indonesian society that placed men as decision maker and women as followers. Further discussion about the potential reasons on why female adolescents appeared to be passive and agreed to what their boyfriends requested can be seen in discussion section 5-5.

However, none of the male participants stated who initiated or wished to engage in sexual relationship. The male participants had the tendency to focus on the reasons for engaging in sexual activities, for example as Ahmad reported:

*".....it (sex) was not for fun only for us (pause) so is that wrong if then I did (sex) with the one that I love? (pause) and also we did it (sex) without any forces (pause) we love each other (Ahmad, male, 19 years old)*

Like Ahmad, many male adolescent participants reported that feeling in love influenced them to engage in premarital sexual relationship. Whilst, loving each other was highlighted by both some female and male adolescent participants in this study 2 as a precursor to their initial premarital sexual relationship, this was not the case for female adolescent participants subsequently after the initial sexual debut.

Some female adolescent participants reported that they continued with their premarital sexual relationship in order to avoid anger from their boyfriends. Some female adolescent participants were reluctant to fulfil their boyfriend's request to having subsequent premarital sexual intercourse but they were afraid to reject it. The fear of female adolescents to reject premarital sexual intercourse as requested by their boyfriend appeared was because of boyfriend's coercion, as explained by Siska and Dwi:

*"I just forgot when I did for first time but it was months ago and then it was becoming important thing for him when we had dates (pause). When I refused then he started to get angry and told me that I wanted another guy." (Siska, female, 18 years old, 32 weeks gestation)*

*"He was always taking an opportunity for having it (sex) and then when I refused (pause) he kept said that I do not love him anymore....." (Dwi, female, 19 years old, 16 weeks gestation)*

Some of the female adolescent participants elucidated that their boyfriends desired to have subsequent premarital sexual intercourse at their meetings after their sexual debut. Majority of female adolescents' accounts suggested that they made attempts to refuse sexual intercourse, however, they were fearful of their boyfriend angeriness. It is apparent that their boyfriends did sexual coercion to continue to engage in premarital sexual relationship. According to Stadler et al. (2007) sexual coercion is defined as an aggressive behaviour such as pressure, trickery or emotional force which is used in order to get someone to agree to sex. A minority of male participants also showed that they wanted to exert control on their girlfriend. For example, there was one male adolescent participant who reported his intention to make his girlfriend becomes pregnant in order to control her, as Junianto reported:

*"First time we did it (sex) was about long time ago (pause) and it was never plan but then since she was being hard to be controlled and try to avoid me I*

*then did it again on purpose to make her pregnant, why? (pause) It is because I love her and I want to marry her....." (Junianto, male, 19 years old)*

It is evident that some male adolescent participants used coercive behaviour yet some female adolescent participants were aware of such coercive behaviour but were helpless and gave in (further discussion will be presented in section 5-5). For example Junianto's girlfriend (Dwi) acknowledged that there was a hidden intention in Junianto's behaviour stating that:

*"Sometimes I feel that he trapped me (pause) for made me pregnant (pause) I feel that he did on purpose because he wanted to marry me" (Dwi, female, 19 years old, 16 weeks gestation)*

Dwi's statement clearly indicates that her boyfriend tried to control her by making her pregnant and then marrying her. Initially couples engaged in a sexual relationship driven by love, initiated by males, demanded by males and the responsibility to prevent the pregnancy seemed to be that of the male and female adolescents passively agreeing and appearing helpless.

#### **5.4.3.1.2 Preventing the pregnancy: trial and error**

According to WHO (2016) preventing pregnancy refers to birth control (also known as fertility control), which is a method or device used to prevent pregnancy, such as sexual practices, chemicals, drugs, or surgical procedures (Jain and Muralidhar, 2011; Will, 2014; Rafie et al., 2016). In this study both female and male adolescents explained the ways in which they attempted to prevent pregnancy. They discussed availability of contraception, contraceptive advice and their understanding of SRH as well as how they gained information about sexual matters. Clearly all participants were aware that sexual intercourse might result in pregnancy. They realised that there were ways to prevent a pregnancy and they experimented with their own traditional methods of contraception. It appears that adolescents were experimenting to prevent pregnancy with several methods but at the end they found errors as pregnancy occurred. The experiences of how adolescents were experimenting with their own method of contraception that ended on their pregnancy is explained under '*preventing the pregnancy: trial and error*'.

All female and male adolescent participants described that they used different types of birth control methods such as coitus interruptus, avoiding sexual

relationship within ovulation period and counting menstruation cycle. Both female and male provided examples of ways in which they attempted to prevent pregnancy, for example:

*"We were counting my menstruation cycle and then when it was around 14 days of my cycle he put sperm outside." (Dwi, female, 19 years old, 16 weeks gestation)*

*"..... for first time I did it (put sperm inside before 7 days of next menstruation) I was worried but after having sex for many times and safe then we thought that what we did was right.....(Rahmad, male, 19 years old)*

Participants were unaware of the effectiveness of traditional methods and did not use any modern contraception methods such as contraceptive pills, injections, condoms and other contraceptive devices. According to Polis et al. (2016) of the 74 million unintended pregnancies each year in the low-lower and middle-upper middle, a significant proportion (30%) were due to contraceptive failure including withdrawal, periodic abstinence and calendar rhythm.

Findings suggest that the majority of participants did not have adequate and relevant knowledge and information about contraception. This was in the main because contraception services in Indonesia were provided only for married couples. Although condoms were available in general convenience stores and easily accessible, mostly adolescents in this study were reluctant to access them because they were ashamed and feared being judge as premarital sexual relationship is prohibited. Many male participants highlighted these feelings in their account:

*"...there were condoms in Alfa mart (convenience stores), but it's very shameful for me to buy, I know everybody there (pause) I was a student, had not married yet (pause) so what would people say if I buy some condoms?"(Rahmad, male, 19 years old)*

*"I was just worried if people know (accessing condom) and it would be very shameful if my friends know as I had not married yet at that moment....." (Junianto, male, 19 years old)*

All female participants explained that they did not use any effective contraception and some were not aware of contraception, as Siska and Aprilia explained:

*"He had formulae from his friend (pause) he said it is safe when having sex seven days before my next menstruation and it would be no problem without any pills or condoms" (Siska, female, 18 years old, 32 weeks gestation)*

*"I was not quite sure actually about what we did to avoid pregnancy, but since I don't know anything about that I then let him ask his friend" (Aprilia, female, 18 years old, 29 weeks gestation)*

These findings suggest that both female and male adolescents in this study were experimenting preventions of pregnancy which had potential risk of pregnancy occurring. The statements of Siska and Aprilia also point that they had limited knowledge or information related to SRH as well as lack of access to contraception due to cultural and policy practice in Indonesian context. Many Indonesian adolescents' testimonies also indicated that they were unaware of SRH services, for example Devi and Siska reported:

*"I have never heard about it (SRH clinic) (pause) but if I knew this sort of place I might not go there, as people will start to talk about reasons of why I visit such a clinic..." (Devi, female, 18 years old, 24 weeks gestation)*

*"There was a session with our teacher about how a woman becomes pregnant, I remember she talked about how sperm and egg meet and how it grows up in the uterus that's all (pause) I also never knew about sexual reproduction consultation, I think she didn't provide that kind of services....." (Siska, female, 18 years old, 32 weeks gestation)*

Although SRH services were provided, adolescents views regarding to SRH were based on the social belief that SRH services are for married couples. Findings suggested that whilst SRH information was provided in schools the focus of the information tends to be on biological and anatomic rather than on relationships and behaviour which have risk of pregnancy or preventing pregnancy. The information provided therefore was more likely did not meet with adolescents' need and seemed to have less impact on preventing adolescent pregnancy.

Given adolescents had limited SRH information about preventing pregnancy, the majority of male participants reported accessing the internet as one of the sources from which they gained information to construct their knowledge about sexuality and prevention of pregnancy. However, many reported low levels of knowledge of contraception and believed they did not have enough information on which to base decisions. Although this was the case for male participants, female participants did not elude how they gained information related to sexual matters. For example, Arif and Rahmad reported:

*"There are a lots of sources you can find on the internet and they mentioned about how to make woman enjoy sex and some of them also provide information about how to prevent pregnancy but what I did was wrong (pause) maybe (pause) I don't know, I am not sure about it...(Arif, male, 18 years old)*

*“...by using doctor online in website I got them (information about sexual matters) but I pretended to be a mature man, no one would know as it was just only online chat.” (Rahmad, male, 19 years old)*

Use of internet for gaining information about sexual matters was of concern for public because some resources from the internet might not be appropriate, as it is possible for it to be inaccurate and not based on current evidence (Bleakley et al., 2009; González-Ortega et al., 2015). It was apparent that access to the internet was easy as all participants brought at least one smart phone with them to the interview and access for internet in Indonesia is general very good (further discussion about internet in regards to adolescents' sexual and reproductive practice can be seen in section 5-5).

### **Summary of Sexual Debut theme**

The findings of study 2 indicate that adolescent participants engaged in premarital sexual relationship initially due to loving each other and then subsequently due to male adolescents' coercion to continue. One male adolescent participant reported that he intentionally wanted his girlfriend pregnant in order for it to be easier to control her which was also acknowledged by her girlfriend. Lack of information and knowledge related to SRH and contraception, limited access to contraception and SRH services due to cultural and policy practices were also experienced by adolescents which led to experimenting of their own methods of preventing pregnancy. It was also evident that the internet was a key source of information about sexual matters amongst male adolescents participants, which constructed their knowledge about sexuality and pregnancy prevention.

#### **5.4.3.2 Theme 2: It shouldn't have happened**

Adolescent pregnancies are most often unplanned and occurred amongst couples with lack of preparation (WHO, 2014a). Unplanned pregnancy usually has high risk of adverse outcome in maternal mental health such as anxiety, depression, self-harms and suicide behaviour (Barton et al., 2017b). It is because usually an unplanned pregnancy precludes pre-conception counselling, and pre-conception care, it is often delays initiation of prenatal care (Boden et al., 2015; McKeating et al., 2016; Herd et al., 2016). In fact, pre-conception counselling and care as well as early initial antenatal care are of benefit for women in order to be ready for their pregnancy period. Prenatal care and counselling provide education



and ways of alternative problem solving about pregnancy matters, for instance through managing psychological and physical changing during pregnancy and detecting pregnancy complication early (Kiwuwa and Mufubenga, 2008; Gross et al., 2011; Gross et al., 2012)

Findings of this study highlight that participants asserted that *'It shouldn't have happened'* and did not expect it to happen. Participants' reactions to the pregnancy was that *'It shocked me: it needed to be ended'*, they were *'being judged and felt shameful'*, and had a *'lack of knowledge of pregnancy matters'*. The theme *'It shouldn't have happened'* therefore describes adolescents experiences when they discovered their pregnancy, their responses, how others responded their pregnancy as well as their knowledge related to the pregnancy.

#### **5.4.3.2.1 It shocked me: it needed to be ended**

Wider literature has reported that feeling of shock commonly happen in adolescent pregnancy, particularly when the pregnancy was unplanned (Siegel and Brandon, 2014; Corcoran, 2016). Feeling shocked usually happened when people find unexpected event in their life (Bammann, 2007). The *'it shocked me: it needed to be ended'* subtheme shows adolescents responses when they discovered their pregnancy and their attempts to terminate their pregnancy. Feeling shocked was experienced by the majority of participants when they first knew of the pregnancy, as reported by Devi and Arif:

*"I was really shocked (pause) I did not expect anything until my menses was late (pause) then I started to get worried that I may become pregnant (pause) I was waiting for my menses and when it got late by 14 days and then I knew that I was pregnant (Devi, female, 18 years old, 24 weeks gestation)*

*"...it shocked me really because we were safe (experimenting preventing pregnancy) for quite long time, I didn't expect her to get pregnant..." (Arif, male, 18 years old)*

Literature echoed that unplanned pregnancy associated with psychological distress such as depression and anxiety (Barton et al., 2017b). It was evident from both female and male participants that the pregnancy was unplanned and many participants experienced an anxious time whilst waiting for their menstrual period to occur. It appears that at the beginning of their pregnancy discovery, almost all female and male participants experienced shocked, followed by

distress and anxious, which could be symptom of psychological distress (Bener et al., 2012). Aprilia and Ahmad's comments were similar to others:

*"I was very upset, confused, didn't know what to do, I cried all day long as I was frightened if my boyfriend would run away and not want to take responsibility for the pregnancy" (Aprilia, female, 18 years old, 24 weeks gestation)*

*"I was fearful to hear that she got pregnant but at the same time I was also feeling blessed since I am going to have a baby (pause) I felt that I am becoming a real man.... (Ahmad, male, 19 years old)*

Whilst, the male participants were concerned once they found that their girlfriend were pregnant, some of them felt blessed based on the cultural beliefs in an Indonesian context that a man is viewed as a real man when the couple gets pregnant. However, all female participants responded negatively to the pregnancy. Some female participants talked about their reactions and the ways in which they wanted to terminate their pregnancy.

*"I did take a concoction several times (pause) I mixed unripe pineapple and coca cola and took it three times a day but nothing happened with this (pregnancy) (Devi, female, 18 years old, 24 weeks gestation)*

*"I had some pills that I bought from a drug store for make my menses come because I intended to abort my pregnancy (pause) I took it for ages until my pregnancy became obvious then I stopped doing that" (Siska, female, 18 years old, 32 weeks gestation)*

All female participants suggested that they attempted to terminate their pregnancy by using traditional methods of abortion such as consuming concoctions. Conversely, the majority of male participants reported that they had no autonomy over the destiny of the pregnancy or girlfriend's decision to terminate the pregnancy. For example, Rahmad and Ahmad wanted their girlfriends to continue their pregnancy, however, they were pressured by their girlfriends to support them with their decisions to attempt termination:

*"...I was in battle of still keeping my belief that abortion is killing my baby while she asked me very hard to send her to a clinic for abortion (pause) that was really a bad moment for me (pause) luckily the baby is still inside until today, I also feel so worried if people know or a policeman knows as I might be send into jail....." (Rahmad, male, 19 years old)*

*"After giving some pills that I bought from a drug store I couldn't sleep at all (pause) I have been stressed, since to be honest, I didn't want to kill my baby, but she forced me to buy that pill (pause) I was the of kind of person who did a sin and was adding more and more sin because I was supporting her to abort" (Ahmad, male, 19 years old)*

This reflects that female adolescents exerted their own control on their pregnancy. It is apparent that male adolescents were anxious about the life of their baby and also concerned about their moral obligation not to terminate the pregnancy based on their cultural and religious belief. Conversely, female participants' behaviour was influenced by perceived shame as they wanted to terminate the pregnancy. Further explanation about the potential reason of why female adolescents appeared to hold more control than male in their temptation to terminate unplanned pregnancy are discussed in Chapter 7.

#### **5.4.3.2.2 Being judged and shameful**

As premarital pregnancy contravenes cultural and religion expectations, many participants were concerned about being labelled and feared social consequences which consequently led to participants' distress. Adolescents' experiences are presented within the subtheme of *'being judged and shameful.'* Social judgement is usually based on expectations which is often influenced by cultural norm or religion values within society (Skinner et al., 2007; Weed and Nicholson, 2015). Negative social judgement is often experienced by members of a community who behave out of their society expectation, for example premarital adolescent pregnancy (Whitley and Kirmayer, 2008; Melvin et al., 2009). Both female and male participants reported experiences of negative responses when the family first heard about the pregnancy. As Rahmad reported:

*"My dad was very angry and then slapped me once I entered home, and my uncle tried to hold his hand for not doing for second one (pause) my mother was crying, I was really upset as well, I know my parent side, I made a mistake....."(Rahmad, male, 19 years old)*

Rahmad experienced physical abuse from his father mainly because premarital pregnancy was prohibited in his family and was not expected to infringe on his family's cultural values. His father responded negatively by showing anger. All male participants acknowledged that they felt that the pregnancy was due to their mistake, which reflect their self-blame. Some male participants reported experiencing verbal abuse. Whilst, physical abuse was not experienced by all female adolescent participants, many of them experienced exclusion from their community, for example Devi explained:

*"My friend's parents might ask them to leave me or they might decide just to leave me and put me away as their ex friend (pause) not sure really (pause) they*

*are now treating me like someone who could spread the disease.” (Devi, female, 18 years old, 24 weeks gestation)*

Social exclusion is defined as a relational process that leads to the exclusion of particular groups of people from engaging fully in community or social life (Popay et al., 2008). Almost all participants indicated that they experienced social exclusion based on the social and religion expectations as consequence of their premarital pregnancy. As premarital sexual relationship and pregnancy is prohibited, both female and male adolescent participants experienced negative social judgement. Aprilia and Rahmad reported:

*“.....we are now struggling really hard to ignore what people say (pause) we also think we would like to live in different city to make less contact with my current neighbour (pause) but we do not enough money to rent a house in the city area.....” (Aprilia, female, 18 years old, 29 weeks gestation)*

*“People who don’t like me and my family are always spreading bad news (pregnancy of his girlfriend) in every corner of the world (pause) they said that I am still very young and even don’t know how to feed myself and now impregnate a girl...” (Rahmad, male, 19 years old)*

All female and male participants experienced negative labelling from their community. Some participants intended to leave their community as a result of negative labelling, in order to minimise contact with them. This was most likely as a manifestation of their frustration of being judged.

Participants had a lack of opportunity to defend themselves and respond to negative social judgement. In addition many participants found difficulties in finding a person to share their experiences with. For example, Devi and Ahmad explained:

*“....but I could not find the right person to share with (pause) I often feel lonely (pause) they (friends/ peers) left me and never give me any chance to express what I really feel. ”(Devi, female, 18 years old, 24 weeks gestation)*

*“..... I was really hurt (pause) they judged me like they have never done any mistakes (pause) they didn’t even give me any chances to explain what actually happened (pause) they didn’t understand my side really (pause) if they could hear a little bit.....” (Ahmad, male, 19 years old)*

Findings show that community members where they live viewed them without respect as they were seen to breach society’s moral values. Many participants gave their accounts of such experiences:

*“.....this kind of most shameful part of my life when people know that I got pregnant before marriage (pause) and whenever I met people I felt like they observed me from my head up to my feet (pause) so now I just make less contact*

*with them by staying at home....” (Siska, female, 18 years old, 32 weeks gestation)*

*“.....that is really shameful and also bring a very big consequences (pause) well in this aged it should not happened but yes it happened to me (pause) and people outside there are looking me down (pause) well I didn’t hear it directly but my friend told me....” (Arif, male, 18 years old)*

Both female and male adolescents in this study reported that they perceived shame in their community which caused distress to many adolescent participants, one of the female adolescent participant reported attempting suicide:

*“I did something stupid as well because I felt so scared of my parents’ reaction and feared of what people might say (pause) I was trying to kill myself by using potassium. I tasted for a bit and when I swallowed it (pause) it made it hard to breath and was painful in my chest (pause) then I grabbed a bottle of water then I didn’t remember after that until I opened my eyes on the following day.”(Siska, female, 18 years old, 32 weeks gestation)*

Self-harm and suicide behaviour are often a reflection of a combination of poor mental health and difficult life event (Draper, 2014; Turecki and Brent, 2016). In addition, a suicide attempts may be an early of sign of mental illness developing (Kaslow et al., 2006). Negative judgement and shame were difficult live events for all participants which led them to their distress and depression. It was more likely that participants in a helpless situation to took over their life difficulties. Thus suicide was more likely became the only choice to avoid negative social judgement and felt ashamed for Siska. In addition, Siska attempted suicide because she was unable to bear with the premarital pregnancy and its consequences. She was worried by her family’s reactions when they found out that she was pregnant because her pregnancy was unexpected by their parents. It was evident that many participants were also experiencing distress which was reflected by a difficult life event. For example Rahmad and Arif reported:

*“.....it was really a nightmare, every minute I was like crazy (pause) that was stressful (pause) I don’t know what to do (pause) whether to keep this (to myself) or let my parents know directly (pause) I wished I had magic and could twist my life back (pause) I then would not doing something stupid which resulted to her pregnancy..... (Rahmad, male, 19 years old)*

*“I am so stressful even until today I still cannot imagine life after marriage (pause) because it just happened without any proper planning (pause) like a big rain and storm without any cloud (pause) I wished it was only a nightmare” (Arif, male, 18 years old)*

Similarly, many male adolescent participants reported carrying psychological burden as a result of premarital pregnancy which resulted in the feelings of guilt and self-blame. For example, Ahmad reported:

*“What I was thinking most was about her parent’s reaction because I knew that her parent wanted her to continue her education until university but then I kind of damaged their plan” (Ahmad, male, 19 years old)*

Literature echoed that guilt and self-blames associated with depression which consequently increases risk of psychological distress (Tilghman-Osborne et al., 2008; Duncan and Cacciatore, 2015). It is evident that participants experienced negative social judgement, shame, feeling guilty, self-blames, depression and suicide temptation as a reflection of their live event difficulties as consequences of premarital unplanned pregnancy. This finding is linier with findings reported from study 1 (Chapter 4).

#### **5.4.3.2.3 Lack of knowledge related to pregnancy matters**

A lack of knowledge related to pregnancy matters are often experienced by adolescents, particularly when the pregnancy was unplanned (Edirne et al., 2010). The *‘lack of knowledge related to pregnancy matters’* subtheme refers to adolescents’ recent experiences regarding their pregnancy, particularly their knowledge related to physiological and pathological changes during pregnancy. Female adolescent participants explained their experiences:

*“....my breast are becoming large and bigger than previously (pause) I don’t like it (pause) there are also some black dots in my breast (pause) I also urinate more frequent (pause) it may be because I got pregnant young? (pause) if I get pregnant when older I might not find them...” (Devi, female, 18 years old, 24 weeks gestation)*

*“I remember in the beginning of my pregnancy I started to vomit when I smelt something boiling like rice and I feel so weak particularly when I stand or walk for long time...” (Dwi, female, 19 years old, 16 weeks gestation)*

Many female participants experienced discomfort as result of physiological changes during pregnancy. However, they had limited knowledge and understanding of the way in which to manage such discomfort. For instance, Devi mentioned that she guessed her discomfort was because of pregnancy as an adolescent. Other female participants experienced pregnancy complications for example Aprilia and Siska reported:

*".... I was hospitalised for about a month, it was because there was liquid coming from inside and I got contractions very frequently, I then went to the emergency hospital by myself because my husband was working in a different city then the doctor said that I needed to be observed and stayed in the hospital because I might have premature delivery but then I stayed there for 5 days and the doctor let me to go back home." (Aprilia, female, 18 years old, 39 weeks gestation)*

*"..... she said I had anaemia that's why I should consume iron tablets and I need to take it once a day, these taste and smell very fishy, when I smelt it I got poorly..."(Siska, female, 18 years old, 38 weeks gestation)*

Others have reported that adolescent pregnancy increases risk of adverse outcome for both mothers and children (detail of risks associated with adolescent pregnancy are reported in the Background Chapter 2) (WHO, 2014a). Therefore the findings appear to reflect the previous literature. This may have been due to coincidence as the study design did not set out to measure this outcome.

### **Summary**

The second theme of study 2 is *'It shouldn't have happened'* describes both female and male experiences in their reaction at the beginning of their unplanned pregnancy discovery. There were different responses regarding attempts to terminate or preserve the pregnancy. All male participants intended to preserve the pregnancy, on the other hand all female participants were attempting to terminate their pregnancy. Negative judgement and shame, guilty self-blames, and depression were experienced by both female and male adolescents due to their premarital pregnancy, which led them to emotional distress and psychological burden. Even one of female adolescent reported made attempt suicide because of her worriedness of her parents' reaction. Many female adolescents had limited knowledge of pregnancy which led to their misunderstanding of physiological and pathological changing of pregnancy.

#### **5.4.3.3 Theme 3: Ending adolescent life**

The theme of *'ending adolescent life'* refers to adolescents' experiences when they were entering married life. When premarital pregnancy occurs in Indonesian context, it subsequently bring couples into marriage because having children without being married is not accepted by Indonesian society, therefore single motherhood outside of marriage is uncommon. According to UNFPA (2013) when a female adolescent becomes pregnant, her life can change radically because

her education may be ended, her job prospects diminish, which in some cases also includes social exclusion and isolation. Within the *'ending adolescent life'* theme, the participants' experiences related to how they engaged in marriage, how they experienced married life, how others responded to their marriage are described. Adolescents had no choice except to marry as consequences of their premarital pregnancy. From which this subtheme emerged *'I am not ready yet but marriage is the only choice'*. When married participants were expected to behave like their adult counterparts which consequently led to them feeling *'left by peers, isolated and lack of freedom'*; and it appeared that adolescents felt no control over what happens in their life which is presented within the *'powerless and hopelessness'* subtheme.

#### **5.4.3.3.1 I am not ready yet but marriage is the only choice**

Marriage for most people needs to be prepared physically, mentally and financially because it brings rights and obligations for the couple, which require skills and abilities for couples to manage their married life (Story and Bradbury, 2004; Asoodeh et al., 2010). The subtheme *'I am not ready yet but marriage is the only choice'* reflects the adolescent participants' experiences of having no choice except marriage as a consequence of the premarital pregnancy. Both female and male participants described their experiences:

*"I do really understand that marriage should be prepared before (pause) I also realise that it has not prepared properly yet (pause), like me for instance it might be a bad outcome (pause) but then I have no choice."* (Dwi, female, 19 years old, 16 weeks gestation)

*"...my Dad said that we need to respect her family (pause) that's why we should show our responsibility (pause) by sending a delegation to meet her family for purposing marriage...."* (Rahmad, male, 19 years old)

All of the female and male participants were required to get married and had no control against cultural and family values. Only one male adolescent expressed that he was ready for marriage, whilst the rest explained that marriage was not prepared for. For instance, Devi and Rahmad reported:

*"Since this pregnancy was unplanned (pause) so there is no preparation at all on how to deal with married life (pause) as a young wife and soon I will be a young mother (pause) it is kind of overwhelming positions I have to deal with (pause) honestly I am not ready for these (pause) I miss my single life...."* (Devi, female, 18 years old, 36 weeks gestation)



*"I feel I got trapped in between different periods of life (pause) I am still young but forced to have a real mature man's life (pause) it may be no problem for some people who are financially settled and ready but for me it is hard really..."*  
(Rahmad, male, 19 years old)

The majority of female and male participants were not ready for married life, they felt overwhelmed and consequently experienced difficulties in managing their married life. Other literature echoed that engaging married life is found hard for many couples, particularly when marriage was unplanned because married life requires strong commitment and consequently brings responsibilities as a wife and a husband (Pande et al., 2011). For example, in this study 2, some participants were always mentioning that they found it hard in financial matters and to manage the responsibility as a wife or husband. Further discussion related to role and responsibility in marriage life in an Indonesian context can be seen in section 5-5.

#### **5.4.3.3.2 Left by peers, isolated and lack of freedom**

Social exclusion refers to disapproval or the act of making certain individuals or groups within the society feel isolated and unimportant (Stillman et al., 2009; Saunders, 2015). Social exclusion was experienced by many participants following their premarital pregnancy. Within the *'left by peers, isolated and lack of freedom'* subtheme, the experiences of adolescents related to their married life and how others responded their marriage are presented. All adolescent participants experienced social exclusion as a consequences of their marriage. This experience were articulated by Ahmad and Arif:

*"My friends who used to be going out with me (pause) they behave different they never asked me to join them anymore, maybe they consider my condition now as a married man and having family responsibilities means I have to stay with my family." (Ahmad, male, 19 years old)*

*".....after that (marriage) mostly I just stay at home, sometimes I still want to join them (pause) but now things are different (pause) I have to consider my parents as well, my status and my wife." (Arif, male, 18 years old)*

Social exclusion appeared to be an additional burden for many male adolescent participants' accounts as being married in Indonesian context requires them to behave like an adult, therefore it is apparent that many male adolescent participants in this study explained that their married status isolated them from their adolescents' peers. For example, instead of going out with adolescent peers, they were expected to stay at home and take care of their family. Similarly, many

female participants also explained that marriage isolated their life, as explained by Devi:

*".....previously I used to go out anytime, anywhere with my friends whenever I wanted, but now I can't do it anymore (pause) ..... soon I will be a mother (pause) so I think it is not proper if I still keep doing what I used to do before I got pregnant." (Devi, female, 18 years old, 28 weeks gestation)*

It appeared that many adolescents experienced a changing life and needed to consider their married status which some accepted and brought about a positive response, as reported by Arif:

*"My adolescent life will be ending soon (pause) I am accepting my life changing (pause) and I will be engaging a family life where I will be a leader of my family (pause) that means I need to control myself (pause) I think it will not appropriate anymore if I still become a person who are doing whatever I do..... it is a man responsibility to do the best for their wife and child." (Arif, male, 18 years old)*

Findings showed that some participants were appearing to put their efforts to managing their current role as part of their marriage responsibility as their society expected. However, many struggled and were powerless which can be seen within the *'powerlessness and hopelessness'* subtheme.

#### **5.4.3.3 Powerlessness and hopelessness**

Powerlessness is defined as a situation when people feel there is a lack of power, abilities, influence or even control over whatever is considered to be necessary or that needs to be done (Lundqvist et al., 2002; Tew, 2006). Whilst, hopelessness means a condition when people think there is no support, no solutions or feel neglected (Kostak and Avci, 2013; Huen et al., 2015). Powerlessness and helplessness are often experienced by an individual or a group of people in a situation when they feel stuck and cannot do anything and with limited support to take over the problem. Powerlessness and hopelessness feelings have association with mental health illness such as depression which in some cases lead to suicide ideation (Bayat et al., 2008; van Laarhoven et al., 2011; Sahin et al., 2013), in which also happened to one of the participants in this study which discussed within *'being judged and shameful'* subtheme.

The *'Powerlessness and hopelessness'* subtheme explains about experiences of participants' limited autonomy for decision making, lack of opportunity to defend

their condition, lack of support sources and having no control over what happens with their life. For example the following quotations describe such experiences:

*".....I can't take any decision because my husband is always controlling me, I have to follow whatever he wants, I can say sometime he ignores me (pause) he doesn't consider that I am his pregnant wife (pause) I feel powerless sometimes (pause) I want to tell what I feel but I feel worried if he will get angry and leave me....." (Devi, female, 18 years old, 36 weeks gestation)*

*"...I feel hopeless really (pause) I am a woman (pause) still young (pause) pregnant and having a husband like him, who always get angry and have no intention to positively change himself (pause) he should reflect back and have to understand his position (pause) he should try his best to be a real husband (Siska, female, 18 years old, 39 weeks gestation).*

*"I am still feeling confused to make a decision (pause) if I still keep this (marriage) it is really hurtful and burdens me really but if I decide to divorce I am still not brave enough for a life as a single mother (pause) without a husband beside me (pause) particularly for my baby I consider my baby (pause) how hard it will be...." (Dwi, female, 19 years old, 35 weeks gestation)*

*"When I remember my life before such things happened (pause) what a beautiful life (pause) have no problem at all (pause) have no conflict at all but what I feel now (pause) everybody is being so rude when looking at me (pause) even my wife sometimes she kind of ignore me (Rahmad, male, 19 years old)*

It was more likely that patriarchal values influence adolescents' perspectives, which is that as a woman they were not be able to take any decision. It is also apparent that some female participants experienced difficulties in managing their marriage relationship due to having problems with their husband, however they had no control as they were expected to be followers of their husband, based on cultural values (patriarchy). Both female and male participants expressed that their partner's behaviours were not meeting with their expectations which resulted in blaming each other and feeling abandoned. Marriage that was expected to solve the problem did not happen for adolescents. Role differences based on patriarchy cultural values also influenced the views of many male adolescents, for instance pregnancy is not usually to be discussed by men as Junianto explained:

*"She never talks about the pregnancy with me (pause) it is not common for discussing things with me as a man (pause) so she usually discuss it with her mom or my mom" (Junianto, male, 19 years old)*

His view was confirmed by many female adolescent participants, for instance Dwi articulated:

*"He doesn't want to know more about my pregnancy and my health (pause) he is not expressing exciting for having a pregnant wife that will deliver his baby soon (pause) he always said that he is not good about pregnancy matters and he also said that pregnancy is woman matters." (Dwi, female, 19 years old, 35 weeks gestation)*

According to Oakley (2005) social construction refers to idea or meanings that are assigned to objects or events within society which usually influence people's notions in their interactions with societies. For example within this study findings, there were social constructions about role differences between women and men. Many female and male adolescent participants explained that pregnancy is a woman's matter. Culturally, men are not expected to feel excited about the pregnancy. In many cases, the social construction of roles categorised pregnancy as woman's matter which led to powerlessness amongst many adolescents participants. Furthermore, many male adolescents also expressed their feelings of hopelessness as consequence of unplanned pregnancy and marriage. As Rahmad reported:

*I feel that there is no light in my life now (pause) particularly to continue my education and build my career as I planned before (pause) my bright future is only a dream now (pause) I have no idea about what I am going to do (Rahmad, 19 years old, male)*

Many participants were concerned about their education and career as they were excluded from education, job and they also explained that they had no control to continue education due to the feeling of being financially dependent on their parents. For example, Devi and Rahmad describes his powerlessness:

*"This is the bitter thing that I have now, I had to leave from the school and you know I had a dream to continue my school until university (pause) this pregnancy really ends my future (pause) I am still not sure whether I could still have a chance or not to continue my education after give birth"(Devi, female, 18 years old, 24 weeks gestation)*

*".... actually there is a choice to move to another school that has lower grade than my previous school (pause) but my parent asked me to leave and find a job as my parents pay for my school (pause) so I just follow them....." (Rahmad, male, 19 years old)*

Meanwhile, as a consequences of being excluded from education, adolescents were trying to find a job, which is described by Ahmad:

*"... I look vacancies from newspaper and I was also going door to door asking for vacancies in the stores and restaurants around city but still haven't got anything yet....." (Ahmad, male, 19 years old)*

Financial dependence and financial difficulties were therefore experienced by adolescents as described in the following quotes.

*"People reach their life achievement first become settled and marry so they will have no problem with financial matters (pause) whilst my condition now is 360 degree different... (Dwi, female, 19 years old, 35 weeks gestation)*

*"...I have not got any job (pause) so I rely on my parents financially which is really bad since I am a man with a pregnant wife now (pause) it is embarrassing really (Rahmad, male, 19 years old)*

All female and male participants experienced financial problems since they were married with limited financial source, needed the support of their parents, whilst such situation did not meet their individual expectations. This financial burden was exacerbated as they needed to live with their parents as described in the following quotes:

*".....I live with my parents in-law (pause) and it is kind of challenging for me (pause) I am a wife but at the same time I also need to be a child or even sometimes I am just like a maid (pause) my parents in-law also show negative behaviour towards me (pause) she (mother in-law) is always observing me and looking for my mistakes." (Dwi, female, 19 years old, 35 weeks gestation)*

*"I am feeling guilty when I look at myself (pause) I am a husband and I will soon to be a father of my child (pause) but until today I am still struggling with the way to earn money (pause) it is hard to find a job (pause) then living with my parents in-law is the only choice because I don't have enough money (pause) which honestly it also burden for me as a man (pause) I am a husband but I also need to act like a child in front of my parents in-law...." (Ahmad, male, 19 years old)*

Many female and male participants experienced having to change their role as they were living with their parents in-law. This often led to an additional burden, such as a feeling being observed all the time and a loss of independent life. As they lived in their parent or parent in-law's house, they were expected to behave as children who followed their parent's rule and at the same time being a young married couple, soon to be parents which created conflicts. This is evidence that cultural values and custom play a significant role in adolescent's perspectives as normally in Indonesia married people live independently from their parents. A further discussion explains how the conflict happened is discussed in Chapter 7.

## **Summary**

The third theme is *'Ending adolescent life'* which presents adolescents' experiences as they had to be married due to their premarital pregnancy.

Marriage was initiated by their parents to fulfil society expectations, however, it also brings problems for participants. For example education termination, financial difficulties, exclusion by their peers and feeling isolated, and judgements. Findings showed that as adolescents engaged in marriage, they were expected to behave as adult counterparts which led to their psychological stress and burdens as they had lack of preparation for engaging in marriage. Participants experienced struggling in their marriage relationship and they also felt burdened due to their responsibility of being wife and husband.

#### **5.4.3.4 Theme 4: Journey into new life**

The title for theme '*Journey into new life*' is a phrase that has often been used to describe transition into a new phase of life (Burns et al., 2012; Riini, 2013). For example, when people engage in a marriage, graduate from school and then start works et cetera. In relation to the study 2, '*Journey into new life*' refers to adolescents' experiences in their transition from being single into in marriage and how they experienced their married relationship before their baby was born. This theme was developed from three subthemes which are; *Allah and I*; *'practical, emotional and financial supports*; and *what I hope and need*.

##### **5.4.3.4.1 Allah and I**

A relationship with God, for some people has an important influence on their life (Tanyi, 2002; Peteet, 2007). For example many people view that God is their life goal therefore they need to build a close relationship by praying. In this study, '*Allah and I*' describes adolescents' experience in their relationship with God including their spirituality, beliefs, confession, optimism and aspirations which were influenced by their religious values. For instance Devi and Dwi articulated:

*"....Allah could forgive our mistake (pause) you know a marriage is also one of the things that we as a Moslem should do (pause) although I am getting married from the way that Allah does not like but I just believe that Allah is the one who will always hug us in sorrow and happiness (pause) Allah will help us....." (Devi, female, 18 years old, 28 weeks gestation)*

*"When I feel so weak then I pray and talk to the God until I feel very close with Him and then I always cry and ask Him to show me the light (pause) to see the way I should go (pause) then I feel relief somehow ...."(Dwi, female, 19 years old, 35 weeks)*

Some adolescent participants' accounts pointed towards acceptance of their condition in order to gain respect from God. It was also apparent that participants

built their relationship with God by praying. Findings show that their efforts to build relationship with the God became a media for them for seeking help from God. It was also evident that they were in a period of confession about their mistake. Meanwhile, many male adolescents expressed that their recent situation happened as punishment from God as previously they broke religious values. Arif and Rahmad explained:

*"....Allah may be getting angry with me (pause) so then gives me kind of punishment for me to consider (pause) so in the future I can learn from my mistakes." (Arif, male, 18 years old)*

*"I made mistakes and I was wallowing in a dirty valley (pause) so then now Allah sent the pregnancy to remind me that there is Allah the Greatest that I need to remember....." (Rahmad, male, 19 years old)*

Both Arif and Rahmad's views suggest that they were trying to associate their current life with their past life. It is more likely that moral thought influenced their perspectives about their life which seemed to be adopted from cultural and religious values. Further discussion about how cultural and religious values influenced individual's perspectives is presented in Chapter 7. Some participants explained their optimism for their future, they considered their mistakes as a learning process yet held deep. Deep regret for what recently had occurred as Dwi and Arif reported:

*"So far there is more sorrow than happiness given from this (marriage) I don't know if it is normal or not or if it is because of my pregnancy that makes me feel mellow (pause) well yes (pause) regret is always on my mind (Dwi, female, 19 years old, 35 weeks gestation)*

*"I feel so regret for making my parents sad (pause) it also puts me in a hard life because I have not enough preparation for this marriage situation...."(Arif, male, 18 years old)*

Dwi's and Arif's views above are representative of other adolescents since almost all participants expressed regret towards their pregnancy. Mostly, they regretted having to commit to marriage. On the other hand, some participants described that their life after married as being better since negative judgement and stigmatisation from community were less. Aprilia and Junianto reported:

*"I feel relieved somehow, at least one problem is solved (pause) I get married and I will do my best to start my new life with him" (Aprilia, female, 18 years old, 29 weeks gestation)*

*"....at least we are being a couple now (pause) less people will talk negatively when we are together (pause) in my religion marriage is a worship so with this*

*worship I then I will feel relived somehow (pause) since I believe that Allah will help us.....”(Junianto, male, 19 years old)*

Statements from Aprilia and Junianto described feeling better after their marriage for having less social negative judgement as well as being optimistic in asking for Allah’s help. The discussion about such situation can be found in section 5-5.

#### **5.4.3.4.2 Practical, emotional and financial support**

‘Support’ is a generic term which in this context incorporates the different dimensions of practical, emotional and financial support (Elsenbruch et al., 2007; Cust, 2016). Support in this sub themes refers to adolescents’ experiences related to available sources which obtained by adolescents and encourage them to be survive and continue their life through their unplanned pregnancy and married for instance emotional encouragement, helping behaviour, financial, accommodation and healthcare services. The following quotations described both female and male experiences.

*“... I know he also tries to give the best support for me (pause) we are both still young but we are being supportive to each other (pause) he is also the man who listens to what I ask (pause) he told me not to worry because he will be always with me....” (Devi, female, 18 years old, 28 weeks gestation)*

*“I am doing my best to always support her because I think her burden is bigger than mine (pause) particularly physically and health matters (pause) as she get dizzy and she has to carry the pregnancy (Arif, male, 18 years old)*

Many female and male participants’ accounts suggest that they were supporting and being supportive to each other through the pregnancy. However, they considered that the pregnancy gave burdens and some participants were expressing positive attitude to as an effort to comfort their partners, which can be categorised as emotional support (Xie et al., 2009; Stapleton et al., 2012).

A source of support which accessed by all participants was parents. Findings show that although their premarital pregnancy was out with cultural and family values, participants were not being left alone. They still can access at least one of the support sources such as parents, midwives and also the community. The quotations bellow describe the situation of being supported by their parents, Siska and Rahmad reported:

*“...my father is helping me a lot (pause) he is my hero really (pause) he is the one who made me strong during my bad time and he still accepts me even*



*though I am showering him with shameful things.....” (Siska, female, 18 years old, 39 weeks gestation)*

*“ ....now I have a chance to meet my parents in- law frequently and try to get along with them (pause) they support me and are being so nice with me even though I am still jobless and lack on financial ability.” (Rahmad, male, 19 years old)*

Overall, adolescents’ parents provided support in terms of emotional, financial, nutrition, and accommodation. Many female and male adolescents also gained support from the midwife, which was explained by Dwi and Junianto:

*“The one who supports me the most (pause) particularly when I feel so stressful during my pregnancy is her (midwife) (pause) she always listened to what I talked about (pause) being good advisor for giving many alternative ways to solve the problem...” (Dwi, female, 19 years old, 35 weeks gestation)*

*“The midwife shows empathy to what we are experiencing now and what she said was giving us kind of light because she said there is still hope in the future which is a cute baby (pause) it is kind of new motivation for me....” (Junianto, male, 19 years old)*

All adolescent participants expressed that they were supported by midwives such as encouragement and care services. Few female and male adolescents also sought support from a teacher and peer. For example, Siska and Junianto reported:

*“.....one of my teacher in my school was really helpful (pause) she supported me and let me to take the final exam and she also said she will keep in secret about my pregnancy (pause) so I can have my high school certificate (pause) it is different with other schools as they usually do not allow students to continue their school when somebody get pregnant like me (Siska, female, 18 years old, 32 weeks gestation)*

*“Most friends that I know well are expressing empathy with me (pause) they said life must go on (pause) no need to feel upset all the time, sometimes they visit me at home, ask me to join them to go to our favourite place where we usually hangout, drinking, smoking, or sometimes just only chat and telling jokes (pause) but then I choose to stay at home with my wife to minimise negative judgement from my neighbours..... (Junianto, male, 19 years old)*

Findings show that one of participant experienced compassion from the teacher which led her to obtain her school certificate, whilst other participants had to leave school or a job when pregnancy occurred. It was apparent that the teacher considered that Siska had only few months left to finish her school therefore the teacher gave her the opportunity to finish. There was also evidence that few participants sought emotional support from their peers, for example they were not

socially excluded, however, since a married person is expected to stay at home with their family then participants chose to stay at home.

#### 5.4.3.4.3 What I hope and need

Hope is defined as a feeling of expectation and desire for a particular thing to happen (Downman, 2008; Martin, 2014). Hope comes into its own when crisis looms, opening people to new creative possibilities (Davis, 1990; Downman, 2008). In regards to this study, participants were expressing hope of their future life which is described within subtheme of '*What I hope and need*', the experiences of adolescent participants related to their expectations for the future and their immediate needs are also presented. Devi and Rahmad reported:

*"... I need money and you know that my husband still has not found any jobs yet (pause) and myself (pause) what kind of job could I get? I did not complete my high school (pause) so that is a problem as well..." (Devi, female, 18 years old, 24 weeks gestation)*

*"Honestly that (continue education) is still in my wish list (pause) but I haven't been brave enough yet to discuss it with my parents (pause) they may still feel upset and not have enough money to pay for my school (pause) the wedding party was really expensive and my parents spent a lot for that." (Rahmad, male, 19 years old)*

It appeared that in many female and male participants' account, education and work were required. It seemed that giving opportunity for education was one of their expectations in order to have wider opportunity for employments. Some participants explained that school termination limiting them for employment as Devi reported:

*"....my parents already paid for one year full tuition fees (pause) and the pregnancy happened only a month after my parent paid these fees (pause) school didn't give money back (pause) so then I am not sure if I could have a chance to have any training for skills to give me opportunity for job (pause) because the training skill is also required fees (pause) it would be hard for me for finding jobs because I have no high school certificate..... " (Devi, female, 18 years old, 36 weeks gestation)*

Many participants were hoping for having access to education in order to be financially independent, as Aprilia reported:

*".....if there is a chance for me to have a free training skills such as tailoring or knitting or catering would really help me (pause) these training skill may be benefit for me to earn money and for not being dependant to my parents..... (Aprilia, female, 18 years old, 29 weeks gestation)*

It was evident that education and employment were explained by many adolescents in order to be financially independent from their parents. Being married and dependant to their parents was a situation which not expected by almost all participants.

### **Summary**

The fourth theme is '*Journey into new life*' which describes Indonesian female and male adolescents transition from being single and then married. A revived relationship with God seemed to reduce their feelings of guilt and distress by seeking forgiveness from God. This was a kind of confession for adolescents, which helped some adolescents feel optimistic about their life together their future. There were also unique experiences for adolescents as they were not being left alone to cope with their life difficulties, although their premarital pregnancy was out with their cultural, religion and family expectations. All participants' parents provided emotional, financial, nutrition, and place to live. Few of participants sought support from the teacher, peers and maternity services. Both female and male participants needed more help related to education and jobs in order to be financially independent. Overall, there were enduring element of distress across all of subthemes.

## **5.5 Discussion**

The main findings of study 2 reflect the experiences of both female and male Indonesian adolescents during pregnancy. Initial explanation and discussion of the four main findings are discussed within this section with a more detailed in Chapter 7.

It emerged that relationships had grown into intimacy which led to adolescents' desire and initiation of a sexual relationship. Romance, desire and love were stated by adolescents and these drove them towards their '*sexual debut*'. Other authors reported that with all unifying relationship there is a desire for intimacy whether emotional or sexual (Raley et al., 2007; Sassler, 2010). Adolescent sexual relationships often occurs within the context of loving each other (Manlove et al., 2003; Royer et al., 2009; Jones and Furman, 2011). Whereas, in some situations transactional sex is initiated by female adolescents (McHunu et al.,

2012; Christofides et al., 2014), to earn gifts or money which also can be found within study 1 (Gyesaw and Ankomah, 2013; Pogoy et al., 2014b).

During adolescence there is a development of sexual cognition as a sign of puberty (Pesttrak and Martin, 1985; Biro and Dorn, 2005; Fortenberry, 2013). Puberty itself, for many scholars is defined as the period during which adolescents reach sexual maturity and become capable of reproduction (Ruuska et al., 2003; Biro and Dorn, 2005; Ahmadi et al., 2009; Fortenberry, 2013). The desire to engage in premarital sexual relationship amongst adolescent in study 2 seems to be a normal process of adolescents' sexual cognitive development. The development of sexual cognition and earlier puberty appears to be having an impact on adolescents' sexual behaviour, that they seems to engage in sexual relationships early than their previous generations (Friedman, 1992; Aupibul et al., 2016). Whilst, these factors are plausible reasons to increase adolescent pregnancies (Aupibul et al., 2016), there may be other factors influencing behaviour.

Female adolescents in this study had limited bargaining power and negotiation skill. For example, whilst female adolescent participants engaged in premarital intercourse willingly, all female participants mentioned that this was initiated and sustained by male adolescents. This finding resonates with an Indonesian national health survey data about adolescent reproductive health, that amongst 992 female Indonesian adolescents who had sexual experiences, 13% mentioned that they were felt pressured by their partner when they had sex (BPS, 2013). Males influenced female adolescents by proposing to have a sexual relationship on their date and when female adolescents rejected, they experienced verbal or emotional abuse. A further finding also shows that coercion appeared, as one of the male adolescent participant purposefully wanted to make their girlfriend pregnant in order to marry and control her girlfriend. These behaviours might have happened because Indonesian culture is a patriarchal society. Females are taught to not assert their needs but expected to fulfil the needs of their partners. As asserted by Oakley (2005), it appeared that women were culturally socialised to be subordinated in many societies and this resulted in disregarding their aspirations and needs. Other literature echoed that gender structures reinforces women subordination, for instance in their decision making

regarding their sexuality (Maputle, 2006; Melvin et al., 2009; Goicolea, 2009). Furthermore, according to BPS (2013) reported that amongst 10,980 Indonesian adolescents, there were adolescents who approved premarital sexual relationship i.e. 7 % was male, whilst only 1% female adolescents approved that behaviour. Therefore, that acceptance of premarital sexual relationship amongst male adolescents is possibly one of reasons why male participants in this study were seemingly more active to engage in premarital sexual relationship compared to female participants.

It appears that both female and male adolescents had limited knowledge, and awareness related to contraception and preventing pregnancy. This was plausible in Indonesia as discussing sex is generally taboo, contraception is only for married couples and SRH education is only related to anatomical, biological and physiological aspects instead of on how to prevent pregnancy. Contraception knowledge was gained by hear-say, for example friends, assumptions were and the female adolescents were trusting and assuming the boyfriend had superior knowledge. These findings show consistency with previous research findings in that limited knowledge and awareness of contraception was often reported by pregnant adolescents (Gogna et al., 2008; Mushwana et al., 2015). It also meets with the finding from study 1 that all included papers of study 1 mentioned that limited knowledge related to SRH and contraception, and accessibility of the contraception had contributed to adolescent pregnancy occurring. However, the Indonesian Demographic and Health Survey in 2012 reported that amongst 10,980 Indonesian adolescents, 90 % of them know at least one modern contraceptive method, and more than one-third of adolescents know at least one traditional method, which means knowledge about contraception was widespread amongst adolescents (BPS, 2013). The findings of this study are different with the Indonesian health survey data which probably was because this study was not directly designed to assess knowledge of contraception methods.

Access to SRH services were not easily accessed by adolescents as they were located in the Public Health Centre during working hours when adolescents were more likely to be at school or place of work. Additionally, during working hours there would be adult people around the Public Health Centre which would risk fear of being observed rather than a young friendly environment for adolescents.

According to Heidari (2015), context and cultural values are significant aspects that have to be considered in developing programmes and policies related to SRH matters among adolescents. Findings from study 2 suggest that knowledge and access to contraception as well as inappropriate strategies may be considered as leading factors of why premarital pregnancy occurred.

Once adolescents were aware of their pregnancy, they were anxious, fearful, shameful and worried as well as feeling shocked for both female and male adolescent. One female participant attempted to commit suicide. It was plausible because premarital pregnancy was socially unacceptable and these feeling appear as manifestation of their psychological burden which led to their psychological distress (Glazier et al., 2004; Barton et al., 2017b) and the temptation of committing suicide seems to reflect that shameful and fearful was unbearable for female participant. According to Eskin et al. (2016) psychological distress is strongly associated with reports of suicide ideations and attempts, and unplanned pregnancy has higher risk of psychological distress, particularly among women who felt unhappy or ambivalent at start (Abbasi et al., 2013; Barton et al., 2017a).

All female participants were trying to terminate their pregnancy by using self-induced abortion methods which are considered unsafe. The efforts to terminate pregnancy was because female participants wanted to avoid parent's anger and social reprisal. Literature echoed that one reason that many adolescents terminated their pregnancy is in order to hide their premarital sexual relationship from their parents and community (Davis and Beasley, 2009; Okereke, 2010). When the premarital pregnancy occurred in places where it is socially unacceptable, with no legal access to medical abortion, adolescents attempted to terminate their pregnancy with their own methods or access to illegal abortion services (Sedgh and Ball, 2008b; Haddad and Nour, 2009; Bloomer et al., 2016). In addition, previous research evidence shows that adolescent pregnancies were mostly unplanned and it occurred because of a lack of education and awareness about contraception and pregnancy prevention, child or adolescent marriage, or partner violence and abuse (Crosby et al., 2003 ; Butt and Munro, 2007; Tatum et al., 2012; Panova et al., 2016). As the pregnancy was unplanned, adolescents put in attempts to terminate the pregnancy (Gao et al., 2008; Ip et al., 2009; Vazquez-Nava et al., 2014). In low-lower and middle-upper middle income

countries, two-thirds of unplanned pregnancies occurred among women who were not using any methods of contraception and the pregnancy ended in unsafe abortion, which contributes to maternal morbidity and mortality (Haddad and Nour, 2009). In this study, female adolescents were vulnerable as they attempted pregnancy termination, or self-harm and were at risk of morbidity and mortality as they had no access to safe abortion.

Further findings suggest that both female and male adolescents experienced negative judgement, shame, school exclusion and having to quit their jobs due to the premarital pregnancy. In an Indonesian social context having a girlfriend or boyfriend is commonly acceptable but it is expected with no premarital sexual practices. However, the social context did not mitigate adolescents' behaviour to prevent initiation and desire of practicing premarital sexual relationship. Whilst, the social context plays a powerful role when the pregnancy was realised as all female adolescent participants tried to terminate their pregnancy. The findings therefore indicate that shame and negative judgment on women was unbearable. Meanwhile, there were also opposing facts that some male adolescents were expecting to preserve the pregnancy but they have a lack of autonomy for their girlfriends' pregnancy. The findings also suggest that male adolescents were experiencing stress as they have no autonomy of their girlfriend's decision and behaviour attempting to terminate the pregnancy. This is consistent with previous research that ending pregnancy may present unique stressors to men as it prevents them from acting in accordance with personal or cultural expectations, which then means they tend to blame their own character for an unplanned pregnancy (Coleman et al., 2009; Coyle and Rue, 2015). The findings also shows different attitudes between female and male adolescents related to pregnancy termination. The difference may be due to a culture in Indonesia as men are thought to be responsible as a leader of their wife, children and women in their family, whilst women are thought to be responsible for domestic matters, taking care of children including pregnancy and serving their husband. Therefore, the male adolescents' intentions to prevent the pregnancy was their reflections of being responsible. It is interesting to know that although there is a strong patriarchal culture in Indonesian society, the finding in this study 2 showed that

in some situations female adolescents have more autonomy than male adolescents.

The family and social expectations can also be seen as a strong influence for both female and male adolescents' experiences in '*ending their adolescents' life*'. For example, the marriage was initiated by parents to avoid social judgement and to obtain respect from the community. The findings show that although the premarital pregnancy was a reason for adolescents to engage in marriage, parents were powerful factor for them to engage in marriage. The power of parent was more obvious as adolescents expressed that they were not ready to get married. They were forced and left with no choice except to marry. The findings indicate that parents had absolute control to play and set the family values, whereby they were more likely reflecting general social cultural expectation in Indonesia. Further discussion about how parents were powerful and having absolute control for their children is presented in Chapter 7. It is also evident that in Indonesian society, there is a norm that men who 'make' their girlfriend pregnant, they need to marry their girlfriend in order to be considered as responsible. It is also socially unacceptable for pregnant women to be unmarried as it will be considered immoral and out of cultural expectation (Sedgh and Ball, 2008b). Therefore, such culture seems to situate both female and male adolescents with having no choice except to get married. The finding in an Indonesian context is different with evidence in some low-lower and middle-upper middle income countries, particularly related to adolescent marriage due to premarital pregnancy. In many cases in low-lower and middle-upper middle income countries, premarital pregnancy resulted with single parenting such as in Kenya (Mulongo, 2006), in Ghana (Gyesaw and Ankomah, 2013) and in South Africa (Kaufman et al., 2001). Finding also show that marriage was expected to solve problems related to social judgement and society exclusion, yet brought subsequent problems for adolescents. For instance, exclusion by their peers, isolation, financial difficulties, financial dependency and education termination. These findings have consistency with the literature and finding of study 1, reporting similar experiences amongst adolescents in low-lower and middle-upper middle income countries (Maputle, 2006; Yardley, 2008; Sindiwe James et al., 2012; Pogoy et al., 2014a).



Religious values were also playing a role in both female and male adolescents' spirituality. This can be seen from the experiences of both female and male adolescents on how they viewed the premarital pregnancy as God punishment. They felt that they were not following a religious path, which resulted in their guilty feelings. Further steps they took to build a restoration of relationship with God by confession. Literature mentions that religious confession for many people reduces guilt and shame, bringing about social connection, meaning and coherence to the person's life (Murray and Ciarrocchi, 2007). The evidence also shows that religious values were influencing both female and male perspectives and attitudes. For example, they saw their past as a dirty life, premarital pregnancy as punishment and praying was for seeking help. It is also more obvious that spirituality appeared as they believe that God is their goal life, which resulted in feeling of optimism and hope for their future. Further findings indicated that as their journey into a new life brought them close to God and helped them to structure their lives and minds as well as help them to develop aspirations. The findings have consistency with other literature that spirituality is a resource that can be used as an alternative way to help people cope with the stresses in life, including those of their illness (Murray and Ciarrocchi, 2007; Peteet, 2007). As well as God, parents provided support in terms of acceptance, financial support and by providing accommodation and nutrition. Additionally, some adolescents obtained support from healthcare providers. These findings are interesting to know because though adolescents broke cultural and religious values, they still accessed support and were not completely neglected.

## **5.6 Summary**

This chapter has shown female and male adolescents experiences as a result of premarital sexual relationship in Indonesia. It begins from their experiences related to their engagement of sexual relationship and SRH education, their experience with their own methods of preventing pregnancy and how they tried ended the pregnancy. Furthermore, their experiences of engaging in marriage was also discussed and narrated. The findings suggest that both female and male adolescents experienced difficulties in managing their life as a consequence of pregnancy and marriage. Marriage was expected to save their life from social

judgement and taking responsibilities. However, it also created subsequent problems because it occurred without any proper planning.

Although some adolescents are having support from their parent, healthcare providers and or group communities after they married, both female and male adolescents were more likely to have had life difficulties, for example psychological distress, negative judgement, financial difficulties, hard to manage their marriage relationship, and education as well as job termination. This indicates that both female and male adolescents require support in order to plan their future as expressed in their hope and needs. Additionally, it was also clear that the family, culture, religious values and policy practices played a role in both female and male perspectives which is reflected in their behaviour. The findings in this chapter informed the interview questions of the further study i.e. study 3 which aimed to explore Indonesian young mothers' and young fathers' health and social experiences in the period after their baby was born.

## **Chapter 6 Study 3: An In-Depth Study of Young Parents' Health and Social Experiences**

### **6.1 Introduction**

Study 3 explored Indonesian young parents' health and social experiences following the birth of their first baby. This chapter includes a detailed account of the process and methods of study 3 including the aim and objectives, methods used including study population, sample technique and sample size, inclusion and exclusion criteria, recruitment, data collection, data analysis and the findings of study 3. The selected quotations from participants are also used in order to describe the themes and subthemes of study 3. A discussion using wider theory and literature is also provided to support and debate the findings. The summary is presented in order to conclude Chapter 6.

### **6.2 Aim and objectives of study 3**

The aim of this study 3 was to explore health and social experiences of Indonesian young parents after the birth of their first baby in Indonesia. The objectives of study 3 were to:

1. Explore young mothers' health and social experiences after the birth of their baby.
2. Explore young fathers' health and social experiences after the birth of their baby.
3. Compare and contrast health and social experiences and life changes of young Indonesian mothers and fathers after the birth of their baby.

### **6.3 Methods**

This section presents a detailed account of methods to improve transparency of the process of conducting study 3.

#### **6.3.1 Study population, sampling technique and sample size**

The study population were adolescent Indonesian women whose pregnancy resulted as a consequence of a premarital sexual relationship and their adolescent Indonesian husbands. Sampling techniques were initially of

convenience and snowball to recruit participants representing both young mothers and young fathers. For the same reason as with study 2, two sampling techniques were employed due to consideration of challenges that may be found during recruitment of the participants. The sample size was planned and it was expected 10 young parents including young mothers and young fathers would be involved in study 3. Where possible adolescent couples were recruited. Whilst, in practice two more participants were recruited due to addressed gender balance and diversity. When there was 10 participants reached, only three young fathers included. In total there were 12 participants (8 young mothers and 4 young father) were included in study 3.

### **6.3.2 Inclusion and exclusion criteria**

Table 6-1 provides the inclusion and exclusion criteria for study 3 which aimed to explore Indonesian young parents' health and social experiences after the birth of their first baby, who had premarital pregnancy or were married during the pregnancy. Participants who had an experience of being a young parent were required therefore the criteria to have a first child aged between two months to one year old, was set. Adolescents who were pregnant as consequences of rape were excluded as adolescents with rape cases would have different social reactions or judgement. People who become pregnant due to rape cases would not be considered as people who out with cultural and religious values in Indonesian context. Furthermore, pregnant adolescents as a result of rape cases are allowed to access abortion as well as services in foster care for their baby. For similar reason as with study 2, adolescents with learning disabilities were also excluded as it was considered unjust as they were less likely to understand what was required from them and why or they might be less likely to provide informed consent to be involved in this study (McClimens and Allmark, 2011). The table 6-1 present the inclusion and exclusion criteria of study 3.

**Table 6-1: Inclusion and exclusion criteria of study 3**

| Gender        | Inclusion   | Exclusion                                   |
|---------------|---|---|
| <b>Female</b> | 1. Indonesian resident.<br>2. Has her first child aged between 2 month to 1 year old.<br>3. Had a premarital pregnancy or married during pregnancy.                                     | 1. Rape cases.<br>2. Learning disabilities. |
| <b>Male</b>   | 1. Indonesian resident.<br>2. Has first child aged between 2 month to 1 year old.<br>3. Has a wife or a girlfriend with experience of premarital pregnancy or married during pregnancy. | 1. Learning disabilities.                   |

### 6.3.3 Recruitment

Similar strategies to study 2 were used to recruited participants for this study 3 i.e. by using postnatal records to identify potential participants and by using posters that were displayed in the waiting rooms of the public health centre and midwifery private clinic. The poster was considered a possible way to recruit potential participants by displaying brief information which may attracted adolescents to participated. The poster also provided contact numbers of the researcher so that potential participants could make contact and ask questions. The postnatal records were used to identify potential participants because they provided a detailed history of the pregnancy, delivery and postnatal care, details of the partner or husband, age of participants, as well as a contact number and address.

Details of how participants were recruited is explained in the following section:

1. Married participants
  - a. Young parents were identified from postnatal records by the researcher.
  - b. At the postnatal clinic appointment a midwife offered potential participants an information sheet and a consent form and gained their agreement for the researcher to contact them within three days to ascertain whether they wished to take part in the study.
  - c. Within three days, potential participants were contacted by mobile phone. A brief introduction was given including who the researcher was, the purpose for contacting them and then checking whether potential

participants had received the information sheets and a consent form from midwife.

- d. A brief explanation of the study related to the information sheet was also given. Potential participants had the opportunity to seek clarification and ask questions. When the researcher was assured that they understood the information, they were asked if they were interested in taking part in the study or not.
- e. When potential participants expressed interest verbally to participate in the study, an appointment was made for a face to face interview session.
- f. Before the interview session was conducted, an informed consent was gained first by signing the informed consent sheet.

As with study 2 adolescents who were married (regardless of their age), were legally permitted to give consent to participate in any research. According to Indonesian Civil Law Code (Kitab Undang Undang Hukum Perdata) (KUHP) article 330 Indonesia considers adulthood (age of consent) to be when people are aged 20 or above or under 20 years of age and married. Furthermore, in Indonesia, it is common that a woman's partner or husband usually accompanies them to postnatal care appointments, therefore a similar procedure to recruit married male participants took place.

## 2. Unmarried participants

- a. Stage a, b, c and d were followed as above.
- b. When potential participants expressed an interest verbally, to take part, it was explained that the researcher needed their permission to gain consent from the adolescents' parents.
- c. In this situation, before the first interview session, informed consent was gained from adolescents' parents

In study 3 all potential participants were married, therefore the procedure of recruiting unmarried participants was not used.

### **6.3.4 Data collection**

An in-depth interview approach was used to explore young parents' health and social experiences. The topic guide was developed based on study 1 and 2 in

terms of themes and context. The research questions were beneficial for the researcher to guide the interview on the topics suggested by study 1 and 2. The details of interview questions can be seen in the table 6-2.

**Table 6-2: Interview questions of study 3**

| Interview Questions of Study 3   |  |
|--|--|
| Young mother   | Young father   |
| 1. Theme 1 : Experience as a young mother <ul style="list-style-type: none"> <li>• Can you tell me about your life as young mother?</li> </ul> 2. Theme 2 : Life changing <ul style="list-style-type: none"> <li>• And can you tell me about any changes to your life you have needed to make as young mother</li> </ul> 3. Theme 3 : Support needed <ul style="list-style-type: none"> <li>• Can you tell me about who has helped you and what help you have needed so far?</li> </ul> 4. Theme 4 : life planning <ul style="list-style-type: none"> <li>• And how do you think the future will unfold for you now? What are your plans?</li> </ul> | 1. Theme 1 : Experience as young father <ul style="list-style-type: none"> <li>• Can you tell me about your life as a young father?</li> </ul> 2. Theme 2 : life changing <ul style="list-style-type: none"> <li>• And can you tell me about any changes to your life you have needed to make as young father</li> </ul> 3. Theme 3 : Support needed <ul style="list-style-type: none"> <li>• Can you tell me about who has helped you and what help you have needed so far?</li> </ul> 4. Theme 4 : life planning <ul style="list-style-type: none"> <li>• And how do you think the future will unfold for you now? What are your plans?</li> </ul> |

Similarly to study 2, for study 3 process of recruitment, consent and interview questions were piloted before use. A young mother participated in pilot research process and interview questions. The pilot process confirmed that the process of research was work appropriate as the pilot participant understood the PIS, informed consent and also engaged in the interview without any significant interruption. The interview questions appeared to work well that is to elicit appropriate data, therefore no amendments were made (Green and Thorogood, 2009). A pilot interview is used to assess that participants not only understand the questions but understand every single question in the same way that researcher expected (Neville, 2007). Furthermore, there was information gained that:

- A friendly conversation took place enabling the pilot participant to speak about 30 to 40 minutes without any significant interruption

- The pilot participants responded to the questions and seemed enthusiastic about describing their story which suggested that they had a clear understanding of the questions
- The pilot participant did not request an appointment session with midwife after the interview, that suggest she had no complaints regarding the pilot interview session.
- Probing questions were also used to gain further insightful perspectives from the pilot participants and encouraged further explanation such as 'tell me more about your feelings on.....' ; 'you said.....tell me a bit more about that.....' ; 'you said..... expand on that if you can.....' and 'how do you feel about that'.

The actual process of data collection started after pilot process ended and participants were interviewed in one-to-one and audio recorded in a private room of the public health centre or midwifery private clinic. Field notes were also taken by the researcher after the interview ended written in Bahasa Indonesia. The benefit of one-to-one in-depth interview was that the participants were free to share their experience and explain their real situation privately (Morse et al., 2001). If individuals were interviewed as a couple, they might not feel free to speak out loud their truth or they might describe some experiences, thoughts, and feelings, but not reveal to others (Taylor and de Vocht, 2011). Therefore, one-to-one in-depth interviews were used to collect the data in this study.

Each interview for study 3 was recorded in in Bahasa Indonesia with a maximum length of 60 minutes interview. Additionally, during the interview process, the researcher also paid attention in particular to attitudes or gesture that could be linked in data interpretation (Flick et al., 2007). For example their expressions, intonation and emotional tensions were considered when making field notes after interview ended. Participants were able to withdraw at any time before, during and up to 24 hours after the interview without giving a reason. None of the participants asked to withdraw from the study, therefore all the interview data proceeded to data analysis. If participants expressed anxiety, discomfort or distress during the interview, opportunity to have rest was available and consent to continue would have been gained or another appointment, as suggested by Brouneus (2011) and Macneil and Fernandez (2006). Midwives were accessible



to support participants if they had any concerns related to the interview. None of participants asked for rest during the interviews neither asked to seek support afterwards from midwives.

### 6.3.5 Data analysis

The process of data analysis was using thematic analysis guided from the framework described by Colaizzi (1978) as with study 2 in Chapter 5.3.5. Although the process of data analysis of study 2 and 3 were separated, the strategies of data analysis process were similar for study 2 and 3. The process of transcriptions including using pseudonym and removing all details that potentially pointed to participants; transcriptions were transcribed by the researcher; audit checking was also used for checking transcriptions against interview records by an Indonesian fellow; sample transcripts were translated into English by the researcher and then checked by an Indonesian fellow who is fluent in both Bahasa Indonesia and English, and translated back from English to Bahasa Indonesia; field notes that were taken after each interview ended also helped the researcher on data interpretation. The following box is a translated example of the field note which was subsequently used to help data interpretations.

**Title: Field note of Interview of Participant 10 (Edi)**

**Date: 15<sup>th</sup> April 2015**

**Length of interview: 32 minutes 11 seconds**

**Descriptions:**

Edi was coming to public health centre with his wife and his baby. During pre-interview, Edi was really friendly and he talked and asked many questions related to the research. However, I could see that he was not quite flexible on carrying the baby but was maintaining to have contact with the baby. I could see that when the baby cried, Edi was asking his wife to make the baby calm down and he was expressing a panic attitude.

Edi was a young father of a baby aged 7 months old. I could see Edi was quite easy to talk and he could described his experiences as a young father. Interestingly, in the interview he stated that he is not a biologic father of his baby. However, I could see that he felt no problem with that as he described that he loves his family and he said he will do the best for them. Edi was really enthusiastic on answering the questions and sometimes he slipped out of the topic. During the data collection so far, he was the first male participants who described any questions that researcher asked without rejecting any questions.

Familiarisation was conducted by reading and re-reading through the data, listening and re-listening to the audio recordings of interviews and identifying emergent themes as well as considering the applicability of predefined themes. Coding was by using an inductive approach and it was in English language in order to start analysing further processes which were looking for patterns, comparing and contrasting; abstraction and synthesis; production of thematic account; development of typologies and looking for deviant cases (if any) to refine the analysis. An iterative process of analysis was also undertaken in order to gain insightful meaning from the data. QSR N Vivo 10 has been used for data management of transcripts, scanned field notes, soft file related data and audio recording. The following figure illustrates the sample of N-Vivo used on managing sources of data:

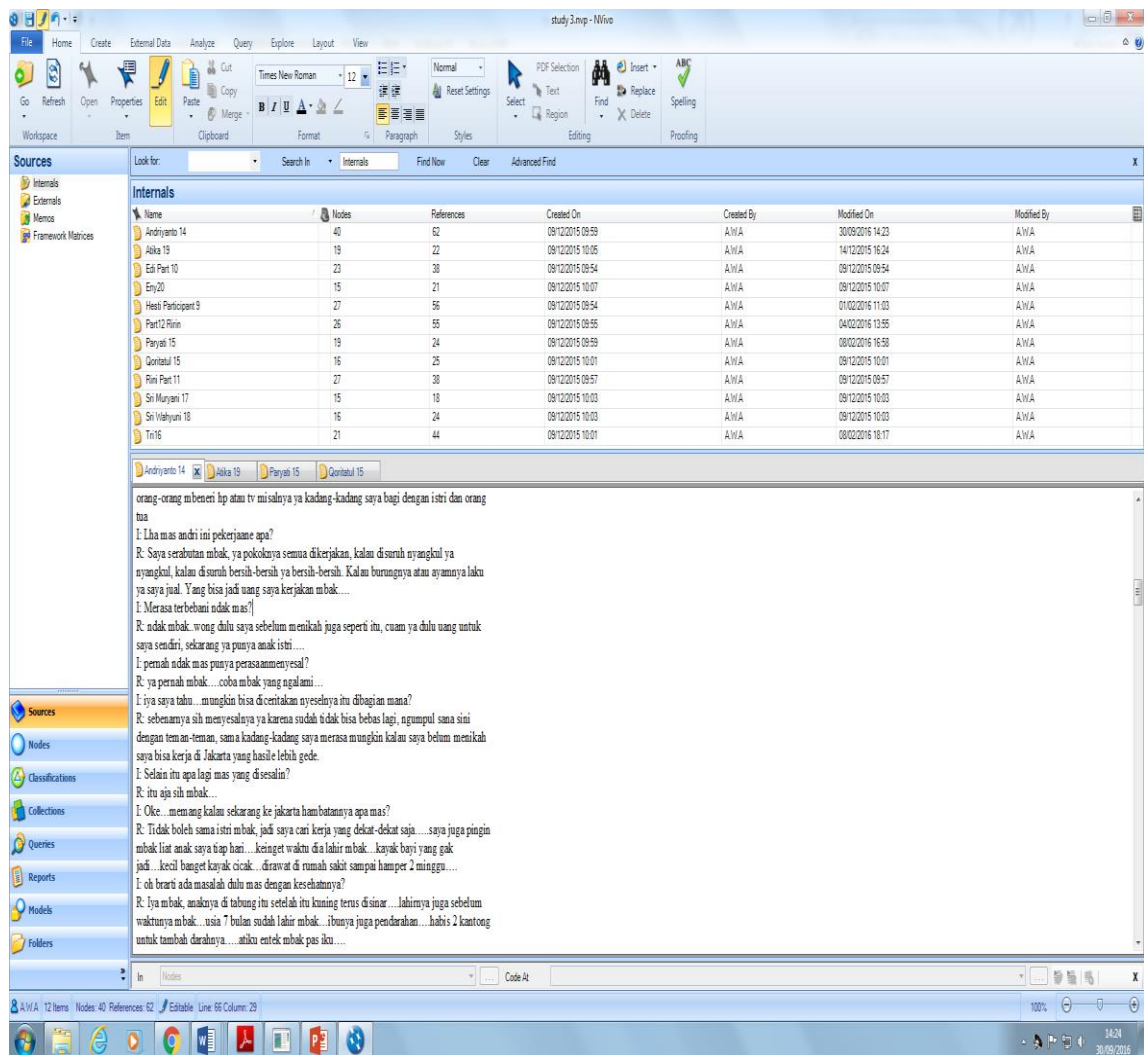


Figure 6-1: N Vivo as data management for study 3

## 6.4 Findings

This section presents the findings of study 3 includes characteristics of the participants, process of participants' recruitment and the emerging themes of study 3.

### 6.4.1 Characteristics

The sample size in study 3 was 12 including eight young mothers and four young fathers. All participants were married and four of the young mothers had married mature men. Table 6-3 present the profile of the participants.

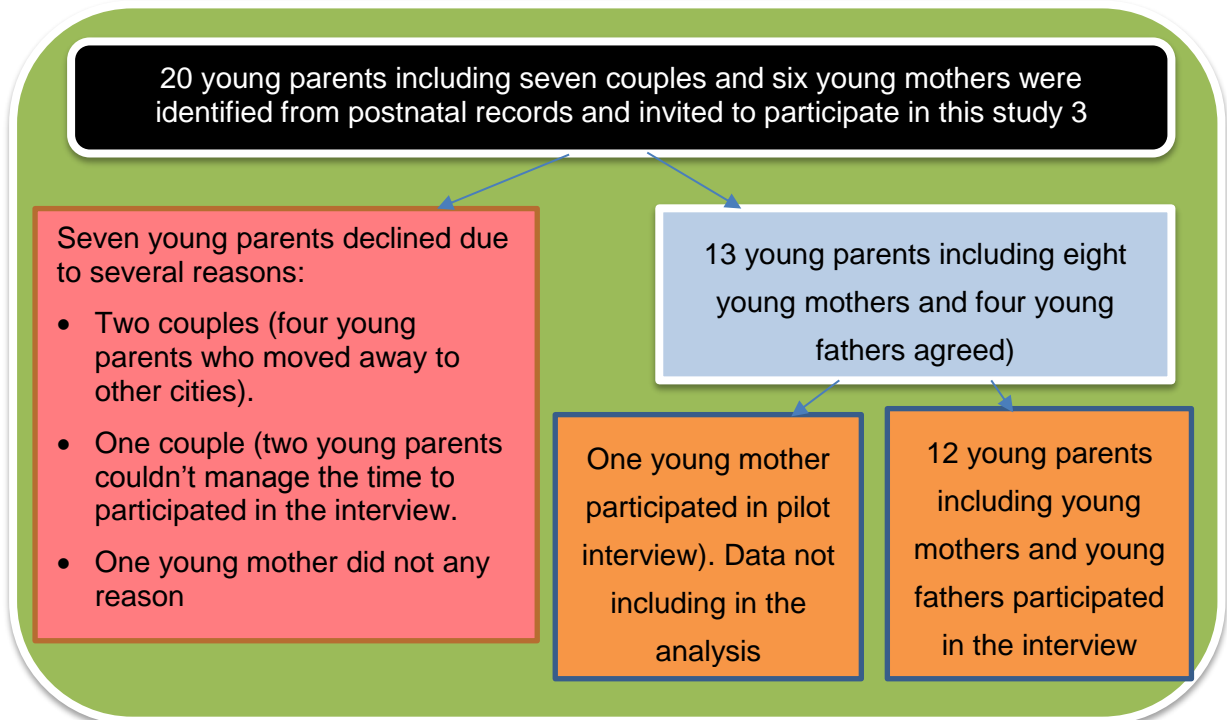
**Table 6-3: Profile participants of the study 3**

|               | Name of participants/<br>aged | Length of interview/<br>age of child | Descriptions  |
|---------------|-------------------------------|--------------------------------------|---|
| <b>Couple</b> | Hesti (18)                    | 49" / 7 months                       | Hesti left school early due to her pregnancy and then got married. At the time of interview she was unemployed and received financial support from her parents.               |
|               | Edi (19)                      | 32" / 7 months                       | Edi is Hesti's husband. He left school and at the time of interview he had been in part time employment with a minimum wage. He was in the process of looking for better job. |
|               | Setyorini (19)                | 44" / 4 months                       | Setyorini got pregnant aged 18 and left school due to premarital pregnancy.   |
|               | Ririn (17)                    | 47" / 6 months                       | Ririn married when her pregnancy was in the 3 <sup>rd</sup> trimester. She left her job due to her premarital pregnancy.  |
| <b>Couple</b> | Paryati (16)                  | 35" / 2 months                       | Paryati was aged 15 when her premarital pregnancy occurred.   |
|               | Andri (18)                    | 37" / 2 months                       | Andri is Paryati's husband. He was working to assist his parents and looking for a job in a nearby city.  |
| <b>Couple</b> | Qoriatul (16)                 | 37" / 2 months                       | Qoriatul got married when her premarital pregnancy was in the 3 <sup>rd</sup> trimester. She left school due to premarital pregnancy.   |

|               | Name of participants/<br>aged | Length of interview/<br>age of child | Descriptions   |
|---------------|-------------------------------|--------------------------------------|--|
|               | Tri (19)                      | 39"/ 2 months                        | Tri is Qoriatul's husband. He finished his high school and started to work with minimum monthly salary.  |
|               | Eny (17)                      | 45"/ 4 month                         | Eny got married when her pregnancy was in the 2 <sup>nd</sup> trimester. She married a mature man and quit her job to hide her pregnancy from peers. |
|               | Sri (17)                      | 47"/ 4 months                        | Sri left school as she become pregnant before marriage and then married a mature man.  |
| <b>Couple</b> | Atika (19)                    | 38"/ 3 months                        | Atika left school due to pregnancy. She got married just before 1 month before he baby was born.   |
|               | Febri (18)                    | 35"/ 3 months                        | Febri is Atika's husband. He is not in any school and at the time of interview, he was working with a minimum wage.                                  |

#### 6.4.2 Process of participants' recruitment

The process of approaching participants was also employed and the process of it can be seen in Figure 6-3.



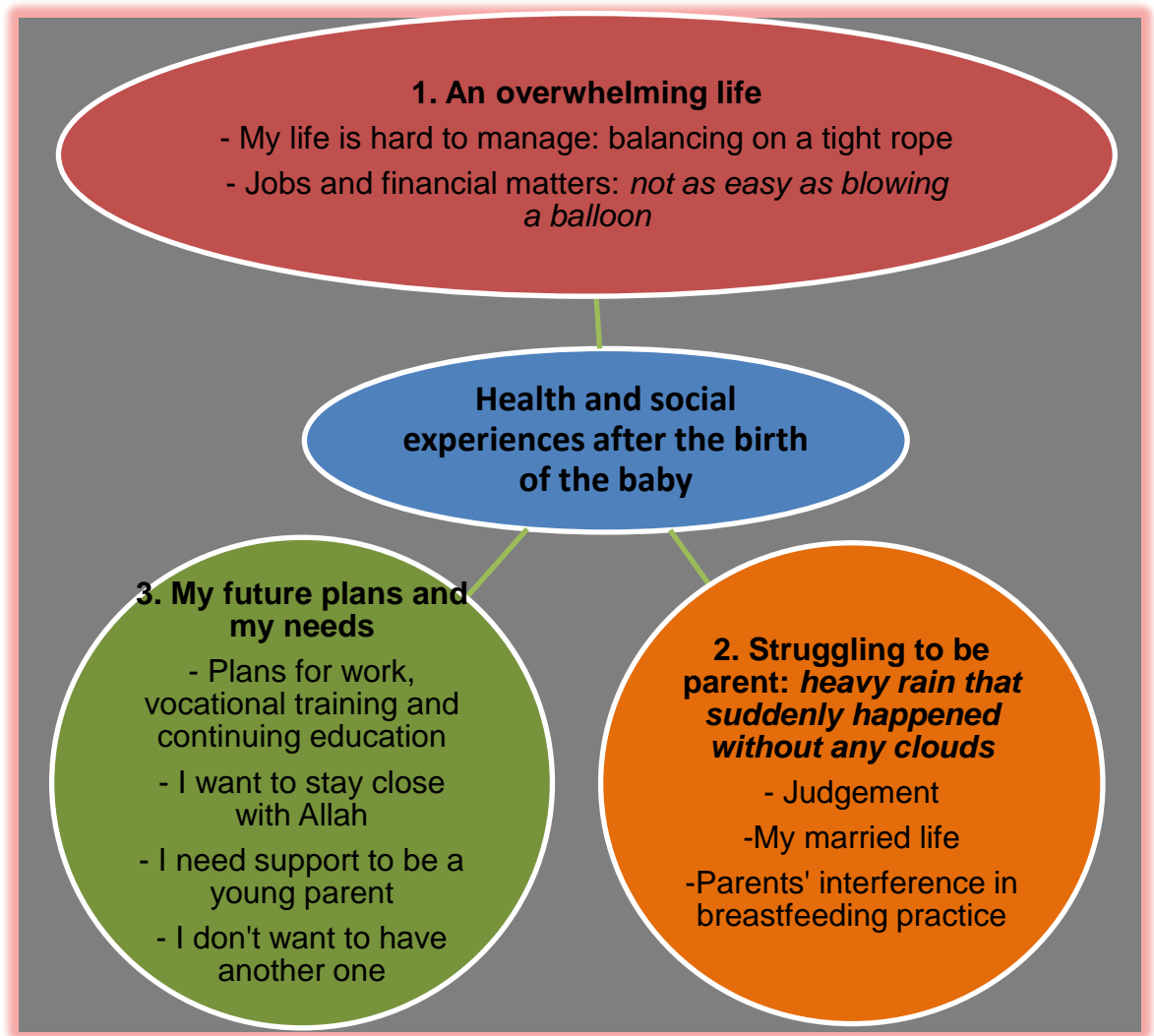
**Figure 6-2: Process of approaching adolescent participants for recruitment to study 3**

All participants were identified from post-natal records in a public health centre and a midwifery private clinic. All the participants in study 3 were married, therefore consent was gained individually from participants and the procedure for recruiting unmarried participants was not applied. There were no contacts made from people seeing the poster, which may have been because potential participants feel too shy to contact the researcher or reluctant to start initial contact with the researcher. Displaying posters did not result in any participants or queries. However, the posters may have contributed to participants' decision to take part in this study, because the posters provided brief information and they were displayed in the waiting rooms of the public health centre and midwifery private clinic which enabled people to read easily.

Initially, 20 young parents (seven couples and six young mothers) were identified from postnatal care records and invited to participate in this study. Of these eight did not participated in the study 3 due to several reasons. There were four young parents (two couples) who moved to the different cities and declined to take part in the study due to limited time to travel to the public health centre. Two young parents (one couple) who declined because they couldn't manage their time due to full time working. One young mother decided not to take part for the study without giving a reasons, it may because of the sensitive nature of the topic which not all people would be able discuss. In total 13 potential participants were agreed to be involved in this study, of these one young mother participated in pilot research process and pilot interviews. In final stage, eight young mothers and four young fathers were involved in the study 3. There was also evidence that six young mothers have husband above aged 20 at the time of the pregnancy, therefore their husbands were not approached.

### **6.4.3 Emerging themes**

The experiences of adolescents as young mothers and young fathers are described in this theme. The themes describes the experiences of both young mothers and young fathers in their transition as being parents, when the baby is aged between 2 months and 1 year old. There are three themes which emerged from the data which is described in Figure 6-4.



**Figure 6-3: Themes and subthemes that emerged from study 3**

The first theme is '*An overwhelming life*' which reflects the experiences of young mothers and young fathers about their tasks as young parents. '*Struggling to be parent*' depicts the experiences of young mothers and young fathers in how they struggle with their life as a consequence of premarital pregnancy. '*My future planning and my needs*' show how young mothers and young fathers cope with their recent life, manage their life plan and express their support needs to be young parents.

#### **6.4.3.1 Theme 1: An overwhelming life**

The term an overwhelming is often used to describe a situation when people are gaining something they had not expected, which is very intense and hard to deal with (Strandberg et al., 2001; Wilkinson et al., 2012; Condon, 2014). The theme of '*An overwhelming life*' shows the experiences of young mothers and young

fathers relating to their tasks as young parents includes how they managed their life when their first baby was aged from 2 months up to 1 year old. It is evident that young mothers and young fathers experienced difficulties in managing their life as parents which is presented within the *'My life is hard to manage: balancing on a tight rope'* subtheme. Participants were also experiencing issues in terms of employment and financial concerns, which are included in the *'Jobs and financial matters: not as easy as blowing a balloon'* subtheme.

#### **6.4.3.1.1 My life is hard to manage: balancing on a tight rope**

Parenting for some adolescents can be challenging as they find it hard to adapt to the changes as well as their transition from single adolescents to adolescent parents (Bailey, 2005; Tan and Quinlivan, 2006; Van der Borcht and Hernandez, 2016). Such a condition was also experienced by young mothers and young fathers in this study 3. The *'My life is hard to manage: balancing on a tight rope'* subtheme presents the experiences of young mothers and young fathers related to how they adjust and tried to manage their life as young parents . For instance Hesti and Febri reported:

*"Well (pause) it is challenging really (pause) at the same time I have to take care of my baby (pause) provide food for my family (pause) clean the house et cetera et cetera" (Hesti, female, 18 years old, mother of a 7 months old baby)*

*".....because I was not prepared (pause) to get married and have the baby (pause) these were not initially planned (pause) so now I can say it is kind of disaster and sometimes I just get stuck because of having problems with money, jobs, her (wife) (pause) her family (pause) my friends and even other people (pause) they are just giving problems at the same time (pause) when one problem is solved then another one just waits around the corner (pause) feel so tired and stressed....." (Febri, male, 18 years old, father of 3 months old baby)*

Both young mother and young father found difficulties in managing their life changing as parents as well as a wife or husband. It was evident that whilst all young mothers experienced the burden of taking care of the baby and domestic tasks, most young fathers felt overwhelmed due to their relationship with their wife, parents, parents in-law or peers as well as financial matters. It was also evident that many of the young mothers and young fathers experienced stress due to trying to manage their life change and responsibilities as a young mother and young father.

Furthermore, findings also showed that in an Indonesian cultural context domestic tasks and taking care of the baby are women's responsibilities, Hesti and Tri reported:

*"Well I do not want to ask him too much (pause) like now for example (pause) I prefer to ask my mother to help rather than ask helps from him (pause) I am also trying my best to listen of what he said (pause) he asked me not to work and stay at home (pause) as taking care of my baby is my job and he said he will earn money for me and my baby" (Hesti, female, 18 years old, mother of a 7 months old baby)*

*"It feel so weird when helping my wife on baby matters (pause) I am not confident enough and I also think that all of these tasks are kind of women's jobs (pause) but it doesn't mean that I ignore her needs" (Tri, male, 19 years old, father of a 2 months baby)*

Data suggested that gender role division within participants' married life appeared. Gender role divisions amongst wife and husband refers to attitude on how they shared responsibility as a wife and as a husband (Varga, 2003; Forste and Fox, 2012). It appeared from the data that the attitudes of sharing parenting responsibilities were influenced by social expectations within an Indonesian context, in which further discuss under the section 6.5. For example Hesti and Tri explained women took responsibilities for taking care of the baby and managing the domestic tasks. Interestingly, although some young mothers and young fathers were experiencing difficulties in managing their life changes, some of them were accepting their new role as a parent:

*"I don't want to give more burden to him (husband) really (pause) what he does for me and my baby is much more than enough (pause) so it is my responsibility to take care of my child (pause) provide him foods (pause) and do what women usually do (Hesti, female, 18 years old, mother of a 7 months old baby)*

*"Taking care doesn't mean only cuddle or make him silent but for me it means I have to be responsible for his (baby) entire life (pause) which is really big tasks and hard for me as a young father and I have had no preparation before." (Edi, male, 19 years old, father of a 7 months old baby)*

Many young mothers and young fathers reported that they were aware, accepting and put effort to adjust their parent responsibilities. Findings suggest that some participants had similar views related to parenting responsibilities and it is evident that participants were adopting cultural values and social expectations on handling their responsibilities as a mother and father. Findings also showed that gender role divisions amongst young mothers and young fathers also can be



found in their perception related to contraception, which can be seen from their quotations, for example Qoriatul and Edi reported:

*"I am okay for using contraception since I know it is a woman's responsibility....  
(Qoriatul, female, 16 years old, mother of a 2 months old baby)*

*".....I am not interested in using that (any contraception) I am a man and will be responsible to meet my wife's needs and things like that is my wife's matter...."  
(Edi, male, 19 years old, father of a 7 months old baby)*

All the participants described similar views related to contraception that contraception is a woman's responsibility as explained of Qoriatul and Edi. It was evident that some young fathers also explained that they do not want to take responsibility for contraception, so when pregnancy occurs it will be woman's responsibility.

Findings suggest that some of the young fathers were using their position as a husband to purposively control their wife, whilst some of them were showing supportive behaviour towards their wife as Andri and Febri reported:

*"I am the one who asks her to stay at home and focus on taking care my child (pause) because, based on my friends' experience when women earn money by their own (pause) they are quite hard to be controlled ....."(Andri, male, 18 years old, father of a 2 months old baby)*

*"I have to be responsible for my family (pause) when she is doing wrong then I need to remind her (pause) well we are both still young but at least I put effort on controlling her, (pause) is my responsibility and my right as well ...."(Febri, male, 18 years old, father of a 3 months old baby)*

Some of young fathers suggested that the husband's role was to control their wife's life from employment and on the other hand some of them explained that they controlled their wife and family as their effort to be responsible to their family. Therefore, it was more likely that there were different attitudes on how a young father were behaving in regards to controlling their wife. Some of them put efforts on controlling their family in order to be in the right path, whilst some other used their control to make barriers for their wife on accessing employment. Further discussion about how power and control used within marriage relationship can be seen in Chapter 7.

#### **6.4.3.1.2 Jobs and financial matters: *not as easy as blowing a balloon***

Job and financial matters are often found to be issues when adolescents engaged in parenthood (Hanna, 2001; Gillmore et al., 2008; WHO, 2014a), particularly

when there is an absence adolescent parenthood support system and services (WHO, 2014a). Within the subtheme of *'Jobs and financial matters: not as easy as blowing a balloon'*, the experiences of young mothers and young fathers in how they experienced jobs and financial issues are discussed. Like Sri and Edi reported:

*".....it is not easy for me knowing that he found it hard to get a job (pause) but when I tell him that I want to look for job then he always get angry (pause) I don't understand what he actually wants as my son and I need money to buy our basic needs (pause) but as a head of our family he has given me nothing (pause) I am drowning really ...." (Sri, female, 17 years old, mother of 4 months old baby)*

*"I feel so dizzy when it is still in the middle of month then all my money has gone and it is happening in every month (pause) I have already sold my motor cycle (pause) so if I don't find a full time job soon it might become a disaster for me and my family...." (Edi, male, 19 years old, father of a 7 months old baby)*

Almost all young mothers and young fathers experienced problems related to jobs and financial matters. They experienced financial difficulties to fulfil their basic needs. Although some of young mothers and young fathers were financially supported by their parents, this was not expected nor ideal, which led to some of the participants feeling guilty and self-blaming. Hesti and Tri reported:

*"I feel guilty as I have not given any happiness to her (Hesti's mother) and now I just make additional burden on her (pause) particularly in terms of economic matters (pause) you know my family is poor (pause) that is why I did not continue my education and then I tried to look for a job (pause) I tried to earn money (pause) but then things happened (pause) I got my pregnancy and I had to leave my job." (Hesti, female, 18 years old, mother of a 7 months old baby)*

*"My parent is the one who supports my financial needs when I get stuck with limited money now and even for my wife and my baby as well (pause) it is really shameful actually but the fact is that I have limited money to be honest." (Tri, male, 19 years old, father of a 2 months old baby)*

Findings indicate that some of the young mothers and young fathers realised that gaining financial support from their parents were not expected, however, as they have limited financial sources, such support helped them. Further findings also suggested that being dependent on their parents or parents in-law was not ideal for their lives as it affected their freedom of being young parents, which is illustrated from the following quotes:

*"....living with only my small family is in my wish list (pause) then I could manage my new family life independently (pause) but the problem now is money (pause) my husband is not ready yet to rent a house independently." (Setyorini, female, 19 years old, mother of 4 months old baby)*

*"I want to work in capital city so then it might be easier for me to find the job (pause) so then I can be the real husband and can provide my family needs and the most important thing is I could live independently (pause) as I said before that I just really depend on my parent for many things now." (Andri, male, 18 years old, father of a 2 months old baby)*

Many young mothers and young fathers experienced a guilty feeling and were embarrassed to be dependent on their parents whilst married. As within the Indonesian culture there are some married couples living with their parents, ideally it is expected that following marriage couples should live independently from their parents or at least have an adequate income to fulfil their family basic needs. Findings also suggest that many participants had aspirations that they wanted to live independently, however their achievements were hindered by financial constraint. It is evident that cultural values influenced the perspectives of young mothers and young fathers in the concept of the ideal married couple which will be further explained under section 6.5.

Additionally, findings show that the consequences of young couples being dependent on their parents or their parents in-law or husbands, was that they face difficulties in their decision making, as described in the following quotes.

*"I want to live independently (pause) since my mother in-law interferes too much in every detail of my new small family life (pause) that is bad behaviour (pause) she is always commenting on how to eat or how to go to the toilet (pause) it is really frustrating...." (Setyorini, female, 19 years old, mother of 4 months old baby)*

*"Being dependant on somebody else is not good really (pause) because then I need to remain silent of anything that happens to me and to my wife (pause) I cannot say much when they (parents) say something negative about me and my wife." (Andri, male, 18 years old, father of a 2 months old baby)*

Many young mothers and young fathers perceived that they had no autonomy as they were dependent on their parents or their parents in-law, which seemed to lead to internal conflict (ambivalence) amongst these young mothers and young fathers. Therefore, some of them put their effort to finding a job, which was difficult to find at best of times, in order to have an independent life, which is presented in the following quotations.

*"Well, it seems okay when my husband gives money to me (pause) but then he said use it wisely (pause) so it is more likely he is not totally happy giving me money (pause) if I have a choice it is better to have money by my own, I started to look for a jobs but it is hard to find one (Eny, female, 17 years old, mother of 4 months old baby)*

*"I have been looking for a job for a long time (pause) but it is not as easy as blowing a balloon (pause) until today I have got nothing." (Tri, male, 19 years old, father of a two months old baby)*

Almost all young mothers and young fathers in this study experienced difficulties in finding suitable employment which resulted in being dependent upon others (parent or partner) and subsequently seemed to contribute to their lack of decision making and limited their freedom. Such situations seemed to contribute towards young parents' self-esteem and also their social relationships which will be further discussed in Chapter 7.

### **Summary**

Within this theme, experiences of young mothers and young fathers are described including how young mothers and young fathers deal with their responsibilities as young parents. The findings indicated that both young mothers and young fathers experienced challenges in terms of managing their changing life as young parents. For example, young mothers most often find difficulties in coping and balancing with their responsibilities of taking care of their baby, serving their husbands and also domestic tasks. Whilst, young fathers experienced difficulties with financial matters, finding work and relationships with their wife, parents, and parents in-law. In their transition into parenthood, findings showed that young parents received financial support and accommodation from their parents, yet they were still facing problems. For example, being dependant seemed to lead to having less freedom and autonomy in decision making for both young mothers and young fathers. This situation was more likely to lead to feelings of guilty, self-blame, regret and shame as it was out-with the expectations of Indonesian society.

#### **6.4.3.2 Theme 2: Struggling to be parent: *heavy rain that suddenly happened without any clouds***

According to the Oxford English Dictionary, struggle is a condition of putting in hard efforts to do or get something. Struggling experiences are often experienced by young parents as they deal with challenges that place extra demands not only during their stage as adolescents but also on their ability to adapt to their new role as a parent (DeVito, 2010; Strömmer et al., 2016). In many countries, in the situation where young parents are not expected by society because it is out with

cultural expectations, they often obtained social judgement and stigmatisation (Wiemann et al., 2005; Yardley, 2008; SmithBattle, 2013). This *'Struggling to be parents: heavy rain that suddenly happened without any clouds'* theme therefore discusses young mothers' and young fathers' experiences of struggling with their life after the birth of their baby including their experiences of social judgement, marriage relationship, and interference. Through the journey of becoming young parents, adolescents were still experiencing society judgement due to their premarital pregnancy, in which presented in the *'Judgement'* subtheme. Both young mothers and young fathers experienced difficulties in managing their married life which is presented within *'My marriage life'* subtheme. Additionally, as they lived with parents or parents in-law they experienced interference in their attempt to be parents, which is presented under *'Parents' interference'* subtheme.

#### **6.4.3.2.1 Judgement**

Judgement in society relationships is described as a process of considering whatever is right and wrong related to the people's attitudes (Johnson and Webb, 1995; Thompson et al., 2005). Society judgement is usually based on social values which existed within a society and in some context such social values become unwritten rule amongst society members (Eiser, 1990; Thompson et al., 2005; Woo et al., 2017). Under the subtheme *'Judgement'*, experiences of young mothers and young fathers in regards to society judgement as young parents are described. It is evident that in this study 3 all young mothers and young fathers experienced premarital pregnancy which is considered out with cultural and religion expectations in Indonesia. For example, Eny and Tri reported:

*".....I live in a village (pause) and until today I still feel shy if I want to go out from home (pause) I feel they look at me like stranger as I did make a mistake as I got pregnant before marriage" (Eny, female, 17 years old, mother of 4 months old baby)*

*"People always comment on my life (pause) they told me that I have to mind about my past (married due to premarital pregnancy) (pause) they said that it may also happen in my child's future life....."(Tri, male, 19 years old, father of a two months old baby)*

All the participants in this study reported similar experiences of being judged by the local communities, asserting that premarital pregnancy contravened community expectations and was considered as a mistake, and the community was judgemental. The consequences of such societal judgement was that young

parents professed that this resulted in them becoming isolated. This situation gave young parents additional burden and challenged them to engaged in their communities. Some of participants also experienced disappointment that instead of providing support to them, the community gave negative labels. As expressed by Paryati and Edi:

*“The most part that makes my burden more heavy is I have no information about how to be a normal mother (pause) I have no preparation as my pregnancy was not planned so it is not fair when people judge me if I am doing wrong on how to be parent...” (Paryati, female, 16 years old, mother of 2 months old baby)*

*“.....it is like a heavy rain that suddenly happened without any clouds and I did not prepare any umbrella (pause) I have no preparation as a young father but I know that a father has to be responsible for the family (pause) so then I think I need some information to deal with that or at least instead of judging me (pause) people should teach me how to be normal parent like them...” (Edi, male, 19 years old, father of a 7 months old baby)*

Findings suggested that both young mothers and young fathers found it was challenging to become parents resulting from the community’s judgement without giving them an opportunities to defence. Many of young mothers and young fathers in this study expressed that they required support such as information or training on parenting.

Seemingly, cultural values and beliefs shaped how young mothers and young fathers located and explained their current circumstances. For example:

*“....it is true when people say that what we planted in the past will be harvested in the future (pause) it has happened to me I planted very stingy seeds and now I am harvesting the worst one (pause) I got married due to my pregnancy then it will end up with divorce....” (Ririn, female, 17 years old, mother of a 6 months old baby)*

*“..... I also consider what people might say to me as I did a stupid thing and made a girl pregnant (pause) and got married with no preparation and might end up with a divorce..... (Tri, male, 19 years old, father of a two months old baby)*

Findings suggested that community judgement influenced the perspectives of young mothers and young fathers for seeing themselves and cultural values may have contributed to views regarding their premarital pregnancy linked with their current life. The perspective of morality amongst both young mothers and young fathers were more likely based on cultural values within their community and it

seemed that they were making sense of their current world due to their past attitudes. This situation will be discussed further in Chapter 7.

#### **6.4.3.2.2 My married life**

Literature reported that marriage for many people encounters challenges and difficulties particularly when unplanned, it possibly would be more difficult (Story and Bradbury, 2004; Asoodeh et al., 2010). Young mothers and young fathers in this study also experienced a struggle with their married life as it was not planned and they lacked preparation for engagement in married life. The *'My married life'* subtheme therefore presents the struggling experiences of young mothers and young fathers with their married life. Some participants were expressing to have divorce ideation in order to be more feel better.

The following quotes are the examples of experiences of young mothers and young fathers as Sri and Tri reported:

*"I know that divorce is the bad thing and people should try to avoid it but in my case I might feel better if I am living without him (husband) (raise eyes) (Sri, female, 19 years old, mother of 4 months old baby)*

*"Sometimes I am thinking to leave her alone and bring the child with me when I get really mad with her (pause) since I think she become worse day by day and never shows respect for me (pause) I will give her 1 or 2 months for her to think about this marriage then after that I will decide whether to divorce or not (Tri, male, 19 years old, father of a two months old baby)*

It appears that they struggle to manage their married relationships which lead to their intention to divorce. It is also evident that some participants experienced struggling in their married life. Such situation might be resulted from their unpreparedness to engaged in married life. Literature reported that the problems occur in married life are not only due to the attitudes amongst couples, but problems may occur due to overambitious expectations and unpreparedness of engaging in married life (Straughan, 2009; Ferguson, 2014). Furthermore, some young mothers and young fathers were disappointed with the behaviour of their partner following marriage. As reported:

*"Definitely I will ask for divorce even though after divorce I am still not sure what I will do (pause) he is not good for me and my son or even for my big family (pause) I didn't expect it before" (Ririn, female, 17 years old, mother of a 6 months old baby)*

*"I feel that sometimes she is beyond what she should do (pause) when she gets angry she throws all our stuff (pause) pushing me and swearing something bad*

*(pause) I have already told her when she calms down but then she does it again and again (pause) .....*" (Tri, male, 19 years old, father of a 2 months old baby)

Findings showed that some young mothers and young fathers experienced difficulties in managing their marriage relationships. Some of them also experienced verbal and emotional abuse from their partners. Some of them also explained that their current partner's behaviour were not met with their expectations, which led to their disappointment. However, it does not mean that all young mothers and young mothers were thinking about divorce as some of them were trying to manage their issues as described by Setyorini and Edi.

*"..... it is true that my husband is a mature man but we also fight so many times (pause) sometimes I feel regret but then sometimes people talk about their experiences on how they manage their life as a new mother and sometimes I just get inspired from them....."*(Setyorini, female, 19 years old, mother of 4 months old baby)

*"...we fight so many times and then we tried to talk each other to know her feeling as well as my feeling (pause) it is hard but we have to learn ...."*(Edi, male, 19 years old, father of a 7 months old baby)

Some young mothers and young fathers were trying to keep their marriage relationships. The findings indicate that although almost all young mothers and young fathers experienced arguing, and also fighting, not all of them were thinking about divorce, some of them intended to keep their marriage relationship. Therefore, the differences in their experiences and decisions might be dependent on several influential factors such as stress and coping mechanisms or possibly a link with their own personal characters of young mothers and young fathers in this study 3.

#### **6.4.3.2.3 Parents' interference in breastfeeding practice**

Previous literature reported that parents and children's relationships in some cultures and communities become interlocked relationships throughout the life course and in many aspects of life (Reczek et al., 2010; Santoso et al., 2016). From this point of view, there were parents who were trying to influence their children's wellbeing into adulthood, which was possibly due to their entitlement to the grown child (Birditt et al., 2009). Under the '*Parents' interference in breastfeeding practice*' subtheme, experiences of young mothers and young fathers in regards to their parents or parents in-law interference are discussed. One example of parent's interference was related to breastfeeding practices.



Breastfeeding for some young women became an issue which was usually caused by limited knowledge and information, people pressure and lack of a support system (Brown and Davies, 2014; Syme et al., 2015). Such experiences also were found in the study findings. The following quotes are examples of experiences of young mothers and young fathers, Setyorini and Febri reported:

*"....it is hard as a new mother who knows nothing about the baby (pause) then your mother in-law takes hold of every decision for the baby (pause) including feeding him rice porridge (pause) which I know it is not appropriate for a 4 months old baby (Setyorini, female, 19 years old, mother of 4 months old baby)*

*".....I know that a baby should only have breastmilk until 6 months old as the midwife said so but then her parents came and started to give my baby a bottle milk last week..." (Febri, male, 18 years old, father of 3 months old baby)*

Findings show that although young parents had relevant knowledge and information related to the breastfeeding, they were having less control over their children in breastfeeding practice due to their parents interference. Almost all young mothers and young fathers explained similar views related to their baby feeding practices which was influenced by their parents or parents in-law. Such situations appeared to be one factor which created internal tension amongst young parents in regards to breastfeeding practices. Many participants had to practice breastfeeding contravening with what they wished due to their parent's interference. However, some of the young mothers commented on parents' interference, as reported by Qoriatul:

*"It is a bit slow but surely I feel they (parents in-laws) are changing quite positively on accepting me and my baby and even my mother in-law is the one whom always takes all the decision about baby matters (pause) such as when it is time to feed my baby (pause) what foods need to be cooked for my baby (pause) that makes me rest thinking about baby for a while" (Qoriatul, female, 16 years old, mother of 2 months old baby)*

Qoriatul's quote suggested that parents' interference in some cases could be one source of support for young parents as they adjusted to being parents. All participants mentioned that breastfeeding and feeding of the baby were influenced by parents or parents in-law, the examples of quotations can be seen below.

*"I heard from the midwife that I need to give him breastmilk only until he is 6 months old (pause) but then he always cried during night (pause) then my mother in-law gave him mashed rice with palm sugar and it made him calm and sleep during the night." (Eny, female, 17 years old, mother of 4 months old baby)*

*"....my mother said that mashed banana with honey will make him grow faster and it can build his immunity naturally (pause) she also said that when I was a baby she did the same as my grandmother told her....."(Andri, male, 18 years old, father of a 2 months old baby)*

The above quotations are further findings that the role of family strongly influenced breastfeeding and baby feeding practices. It is evident that family patterns played a role in baby matters. The discussion about how family has powerful influence within young parents married life will be discussed in Chapter 7.

Whilst, some young parents had information related to adequate breastfeeding practices there were also some others who had misconceptions related to baby feeding. Example of quotes related to that reported by Sri and Edi:

*"During the 2 days after the birth of my baby (pause) my breasts didn't produce any milk for only a drop (pause) then I gave him formula milk since he started to cry all over the night (pause) and at that moment my mother also agreed ...."(Sri, female, 17 years old, mother of 4 months old baby)*

*"....my baby finishes one box of formula milk every 4 days since he was 3 months old (pause) that's why he grows so quick and looks healthier than other babies that only have breastmilk (pause) I am happy for that but it also causes a problem since I need to provide more money to buy formula milk..." (Edi, male, 19 years old, father of a 7 months old baby)*

Findings show that there were misunderstandings related to breastfeeding and baby feeding amongst young parents. It also appeared that some young mothers and young fathers gained permission from their parents to start giving foods for their baby. It reflects that parents were also one of the important factors to influence young parents' decision in regards to their breastfeeding and baby feeding practices.

## **Summary**

The second theme is *'Struggling to be parent: heavy rain that suddenly happened without any clouds'* which describes young mothers and young fathers experiences of struggling with their life after the birth of their baby. Findings from study 3 suggest that both young mothers and young fathers still experienced judgement and stigmatisation from their community due to their past experiences i.e. premarital pregnancy. Further findings also indicate that both young mothers and young fathers find challenges in managing their marriage relationship and they experienced struggles in their marriage relationships. The situation

happened due to both young mothers and young fathers feeling that their husband or wife did not meet with their expectations. Some of the young mothers and young fathers felt that their marriage does not work well and they are considering to divorce. Whilst, some of them tried to manage and keep their marriage relationships. Additionally, both young mothers and young fathers experienced parents' interference in their breastfeeding practices which resulted in non-exclusively breastfeeding their babies. It also needs to be highlighted that parents interferences were responded differently by young parents. Some of them responded negatively, whilst some others responded positively.

#### **6.4.3.3 Theme 3: My future plans and my needs**

A 'plan' can be defined as an intention or decision about what one is going to do and 'need' refers to the support that people are required (Xie et al., 2009). In relation to this study 3, the theme of *'My future plan and my need'* describes the experiences of young mothers and young fathers in the period of trying to manage their life with their hope as well as their needs after the birth of their baby. Through their process of engaging in the time of being parents, both young mothers and young fathers were expressing future plans for their life which is described under *'Plans for work, vocational training and continue education'* subtheme. Being parents for some young parents also brought them to the God path, which was more likely influenced by their religion values. Such experiences presents in *'I want to stay close with Allah'* subtheme. Furthermore, young parents expressed their hope and needs regarding their current situation in order to be able to manage their life which is described under *'I need support to be young parent'* subtheme. Additionally, young parents were also expressed their aspirations on planning for not having other children which results from their negative experiences during pregnancy and delivery process. These experiences are presented within the *'I don't want to have another one'* subtheme.

##### **6.4.3.3.1 Plans for work, vocational training and continuing education**

This sub theme describes experiences of young mothers and young fathers related to their life plan, particularly in terms of work, vocational training and continuing education. The following quotations describe their experiences.

*"I am about to find a high school to continue my education as my parents asked me to do so and they will pay the tuition fees and they will rent a nanny to take care of my child (pause) I can say they save my life right now....." (Ririn, female, 17 years old, mother of a 6 months old baby)*

*"If I have money (pause) I want to attend a training course about electronic repairs or motorcycle repairs (pause) therefore I would have a skill to earn more money (pause) I plan to borrow some money from my parents but it will not in the few next months. (Andri, male, 18 years old, father of a 2 months old baby)*

It is evident that some young mothers and young fathers have plans to continue their education, however, financial issues were becoming challenges for many of them as school required fees. Findings showed that almost all young mothers and young fathers were financially dependent on their parents, therefore parents become the most possible financial sources for them to continue education. Furthermore, findings suggested that some young mothers and young fathers were experiencing having no independent choices related to their life plan as they are dependent on their parents, which is described in the following quotes.

*"I asked my parents to have a small snacks shop (pause) so I can sell some snacks for people around my village (pause) but then my parents said I might better to have a course training for haircutting (pause) knitting (pause) sewing or things like that (pause) then I think I will do it later when my child is aged 2 years." (Setyorini, female, 19 years old, mother of 4 months old baby)*

*"I give a lot of burden to my parents and even now I also bring additional burden which are my wife and my child (pause) I cannot pay them back but at least now I will follow what they want (pause) initially I plan to continue my education in the university but then my parents asked me to cancel it because now I need to think about my wife and my child." (Tri, male, 19 years old, father of a two months old baby)*

It appears that being dependent on their parents for many young mothers and young fathers limited their autonomy to decide what they wanted, including their intention to continue education. Almost all participants experienced similar things that they were dependent on their parents, particularly in accommodation, nutrition and finance which led them to having less autonomy in deciding what they wanted to do. Furthermore, findings also suggested that some of young mothers and your fathers gained support from their community to obtain a free vocational skill as can be seen in the following quotations.

*"...there is a free sewing course which is provided by women and a social enterprise community (pause) but they only provide course not the money (pause) so it is hard for me when I want to open my own sewing shop as it requires to buy sewing machine and other tool kits ...."(Sri, female, 17 years old, mother of 4 months old baby)*

*".....I don't think it will be easy for me to open my own shop though they provide a free consultation or training (pause) money is more important I think..." (Edi, male, 19 years old, father of a 7 months old baby)*

It seemed that although many young parents obtained support to improve their skill, they still found challenges to start their own jobs. It is also interesting to know that although some participants experienced exclusion and negative judgement from their community, there were some others gaining support from their community, which is plausibly beneficial for both young mothers and young fathers in order to re-engage with their community.

#### **6.4.3.3.2 I want to stay close to Allah**

God for some people become an important aspect in their life and God is often known and introduced to people through religion and belief. Literature shows that religious values for some people and society become moral justices and practice guidance, it also can influence people to behave and practise according to what religion thought and expected (Bourg, 2007; Helve, 1994; Sporre and Mannberg, 2010). It is evident that religious values influence perspectives and behaviours of young mothers and young fathers in this study 3. This '*I want to stay close to Allah*' subtheme describes experiences of young mothers and young fathers in accepting their condition and trying to seek help from God. The following quotations describe their experiences.

*"..... I don't want to felt in a big hole of sin again and again (pause) I know that I just felt really dirty in the past (pause) but now I want to start to make life become more close to Allah..... (Hesti, female, 18 years old, mother of a 7 months old baby)*

*".....that is what you have got when you avoid what Allah asked (pause) that is why I am trying to manage my life and seek help from Allah the greatest....."(Edi, male, 19 years old, father of a 7 months old baby)*

Many young mothers and young fathers described that they put their effort into managing their life better than previously by following religious values. It is evident that religion values appeared as one of rule which followed by all young mothers and young fathers. It more likely influenced their perspectives related to how they responded their current life situation. It included how they view themselves and how they aim their goal life. For example, some of young mothers and young fathers explained that their unlucky recent life happened as a consequence of their past bad behaviour, Eny and Febri reported:

*".....my life is really difficult now (pause) but I realise that it is kind of a consequence of what I did last time (pause) so now I am trying very hard to manage it carefully and the most important thing is I am trying to seek Allah's helps." (Eny, female, 17 years old, mother of 4 months old baby)*

*".....I believe that Allah will not leave me alone (pause) Allah will help me (pause) in some point in my life when I really get stuck...."(Febri, male, 18 years old, father of 3 months old baby)*

Findings showed that cultural and religious values influenced both young mother and young father on viewing to their life. It also appeared that God became their life goal for many participants. They also were trying to seek God's help by being close with God. Further findings also suggest that some young mothers and young fathers confessed and tried to adjust as well as accept their current life circumstances, Sri and Tri explained:

*".....I put my all of life to Allah really (pause) let Allah guide me to through my future life (pause) I am now accepting my condition (pause) these difficulties that I have now might be happened because of Allah want to warn me ...."(Sri, female, 17 years old, mother of 4 months old baby)*

*".....now I am on the stage of trying to accept my life and want to seek help and guidance from Allah....(Tri, male, 19 years old, father of a two months old baby)*

It seems that young mothers and young fathers were sustained by their faith system and their belief in God. The confession for some participants were manifested by acceptances of their current life. Almost all of the young mothers and young fathers suggested that religious value were more likely to lead their process of accepting and adjusting their current life circumstances. It also was more likely that religion values contributed to their coping management of their current life problems.

#### **6.4.3.3.3 I need support to be a young parent**

Support in relation to study 3 refers to available sources for encouraging young mothers and young fathers in their new role as parents. The '*I need support to be young parents*' subtheme describes the experiences of young mothers and young fathers related to their views of support required as young mothers and young fathers after the birth of their baby. The following examples of quotations of young mothers and young fathers present their views.

*"....it is really hard but I have to pass through and it may be very helpful when someone teaches me how to be a mother and still could survive ...."(Sri, female, 17 years old, mother of 4 months old baby)*

*"A session about rights and responsibilities as a husband and wife were explained in pre course marriage but it was really general and I think it was set for couples who are ready to marry (pause) so then I think a session about how to engage in parenting would be more helpful for me and my wife (pause) particularly for young parents with unplanned pregnancy like us." (Andri, male, 18 years old, father of a 2 months old baby)*

Almost all young mothers and young fathers explained that they needed practical support in order to engage with their parenthood appropriately. Furthermore, some young mothers and young fathers also expected to be treated differently by their older counterparts in their community as described by Atika and Tri.

*".....it is also not fair when they treat me the same as older mother (pause) my condition is completely different with them (pause) so when I don't know how to be a good mother (pause) they should tell me what I should do instead of talking about me at behind of my back....(Atika, female, 19 years old, mother of 3 months old baby)*

*".....I just want people to respect my life (pause) people force me to do something beyond my abilities (pause) they keep telling me that I should do hard work and earn money (pause) as I have my wife and child (pause) they said it is not good being dependant on parents (pause) well I know all of those things (pause) I just only need time as it (married life) was unplanned...." (Tri, male, 19 years old, father of a 2 months old baby)*

A need to be respected was needed for both young mothers and young fathers. Many participants also explained the same views as there were experienced disrespected by their society.

#### **6.4.3.3.4 I don't want to have another one**

Within '*I don't want to have another one*' subtheme experiences of young mothers and young fathers related to their aspirations on planning for not having another baby are presented. Such experiences resulted from their negative experiences during their pregnancy and delivery process which led to their feeling of being traumatised. Traumatic events can be defined as experiences that put either a person or someone close to them at serious risk of harm or death (Elhai et al., 2005; Krysinaka et al., 2009). Pregnancy and the delivery process for some people is considered as a traumatic event because many people experienced unexpected event such as seeing blood or having complication which put them into risk of death (Ayers, 2004; Bljajic et al., 2004). Much of the literature echoed that trauma can be caused by an overwhelmingly negative event that causes a lasting impact on the person's mental and emotional stability (Whetten et al., 2008; Onyut et al., 2009; Haugebrook et al., 2010). Trauma can also occur in a

situation when people have a lack of preparation and then they obtain something unexpected (Haugebrook et al., 2010). The findings showed that pregnancy and the delivery process became a traumatic event for some young mothers and young fathers in this study 3. The *'I don't want to have another one'* subtheme therefore discusses the experiences of young mothers and young fathers related to their plan of not having another child because of their traumatic experiences in the period of pregnancy and the process of the delivery. The following quotes of young mothers and young fathers describe their experiences.

*".....I was bleeding in my pregnancy and then then again during my delivery process (pause) I think I almost died due to bleeding as well (pause) I had transfusion but you know it was a really scary experiences (pause) I think I will not have another one (pause) and I think one is enough for me...." (Eny, female, 17 years old, mother of 4 months old baby)*

*"I still remember that day (pause) when my wife was crying and struggling to deliver the baby (pause) I almost blacked out when the baby was crowning and then hiding again (pause) it was kind of nightmare for me (pause) I feel very traumatised with that...." (Edi, male, 19 years old, father of a 7 months old baby)*

Many young mothers and young fathers reported that they were traumatised by pregnancy and the process of the birth, particularly when they were had complication such as antepartum haemorrhage, complication birth or where men witnessed their partner's distress. With the lack of knowledge of delivery process, some of the young mothers and young fathers appeared unprepared and they were shocked following witnessing the birth, which was more likely contributed to their injured traumatic experiences. These experiences seemed also had contribution on their decision for not planning to have another baby as described in the following quotations.

*"My baby was stuck because I was too little to deliver the baby I think (pause) it was really painful with the contractions and at the end I had to be sent to the operation theatre (pause) so then you can imagine it was kind of hurt in this (holding legs) and this (holding stomach) (pause) it was really painful (pause) hurt (pause) tiring and again I have to struggle with the pain after the operation (pause) oh God it my first and last one" (Atika, female, 19 years old, mother of a 3 months old baby)*

*".....when my wife started crying due to contractions I felt like my heart stopped beating and I also started to feel dizzy (pause) even my hands were shaking and all sweat came from all of my body (pause) I was really scared as the process took a very long time and then ended up with an operation which, I could not see her (wife) (pause) I was like a stupid man in the front of the operating theatre (pause) I didn't know what to do (pause) I think I will not plan to have*



*another one for the next few years....." (Febri, male, 18 years old, father of 3 months old baby)*

Whilst some young mothers and young fathers experienced trauma by the birthing process. They responded positively to the baby. Affection for the baby was expressed, for example Paryati and Febri reported:

*"I am blessed and really happy having my baby now (pause) all my sadness is gone when I look at him (pause) I might be the one who would feel guilty all the time if I did an abortion (Paryati, female, 16 years old, mother of 2 months old baby)*

*"..... before I married my life was better in financial matters (pause) but don't get me wrong (pause) now I am also happy as I am having a beautiful wife and the child (pause) people out there may in the battle for having a family or child (pause) but I think one is enough for me (pause) when I see my baby I also remember how difficult my wife carried the pregnancy..... (Andri, male, 18 years old, father of a 2 months old baby)*

Almost all young mothers and young fathers expressed positive attitudes towards their baby. It appeared that many young mothers and young fathers were grateful of having their baby although the pregnancy was unplanned. However, almost participants explained the reason for not planning to have another child was due to injured traumatised experiences. It is further evident that aspirations of not planning another child happened due to injured traumatised experiences amongst young parents.

### **Summary**

The third theme of study 3 is 'My future plans and my needs' which describes the experiences of young mothers and young fathers on how they manage their life with their hopes as well as their needs after the birth of their baby. It is evident that some young mothers and young fathers expressed their intentions of continuing school. However, since they were financially dependent on their parents, they seemed had no autonomy to take any decisions including continuing educations. Further findings also show that the influence of religion values were very powerful on the perspectives and behaviours of both young mothers and young fathers, particularly on the adjustment of their current life. Some young mothers and young fathers expressed that they believed their hard life happened as consequence of their past mistakes. Both young mothers and young fathers viewed the pregnancy as a punishment from God due to their breaking the religious values. Additionally, findings revealed that some of the

young mothers and young fathers expressed their aspirations and optimism as they believe that the God will help them.

## **6.5 Discussion**

The findings of study 3 highlight to the young parents' health and social experiences after the birth of their baby. There are three key findings and these will be discussed within this section. From the findings, cultural values are more likely to influence the experiences of both young mothers and young fathers. For instance, it can be seen from participants' perspectives about role divisions of being a wife and husband. Role divisions within married life refers to divisions of roles and responsibilities between men and women in their experiences as a husband and a wife as well as parents (Morrill et al., 2010). The role and responsibility divisions appeared as young parents' experiences and the role divisions were more likely influenced by Indonesian cultural values. It is evident that in Indonesia the cultural value, domestic tasks and raising children are women's tasks, whilst men have a responsibility to work outside, earn money and financially support their family. These role divisions were also found difficult for almost all participants. Similar findings are echoed by previous research that role divisions have a significant contribution to the transition of parenthood which in some cases create challenges particularly amongst young parents (Trivette and Dunst, 1992; Katz-Wise et al., 2010; Forste and Fox, 2012).

In social relation, cultural values were becoming unwritten laws and norms resulted in community expectation as well as judgement (Oakley, 1992; Oakley, 2005; Maholo et al., 2009). This was particularly seen in this study that being married and still dependent on others was not expected by young mothers and young fathers. Although, there are many Indonesian groups of people that live with their extended family, however, married people are still expected to be independent when they engage in marriage. For example, they need at least to be independent financially, have adequate income to support their family needs, and to provide foods. Whilst, there is also an opposite group of people who are expecting that when people engage in marriage they need to be independent in terms of finance, foods and also houses. As marriage due to premarital pregnancy became obligatory for the participants in this study, it was unplanned,

and living independently was difficult due to lack of financial resources. Guilty feelings and shame were therefore expressed by both young mothers and young fathers in this study. The finding shows consistency with the findings of study 1 and 2 as well as other research evidence that has been documented as young parents are often experiencing financial difficulties and are financially dependent as a consequence of having limited financial sources (Kaufman et al., 2001; Loaiza and Liang, 2013; Strömmer et al., 2016).

Judgement and stigmatisation from society related to past premarital pregnancy were also still experienced by young mothers and young fathers. Seemingly, cultural and religious values remain strong in Indonesian communities and in many points of young parents' experiences, the culture and religious values have been used to judge wrong or right behaviour of people within communities. Since premarital pregnancy was considered to contravene cultural and religious expectations, therefore both young mothers and young fathers in this study were considered as people who were out with cultural and religious expectations as consequences of premarital pregnancy. This finding is consistent with the findings in study 1 and 2. It also has consistency with other research evidence conducted in some countries where adolescent pregnancy due to premarital sexual relationship is considered out with cultural expectations, this situation allows an additional burden for adolescents such as community judgement and exclusion (Lall, 2007; Yardley, 2008; WHO, 2015; Weed and Nicholson, 2015).

Furthermore, the evidence also shows that relationship changes were experienced by some young mothers and young fathers. Both young mothers and young fathers were competing to control and influence, which created a power struggle in their married life. There was a finding to indicate that some expectations of their partners did not meet with their initial expectations. This finding also meets with the finding from study 2 that there are challenging and changing powers between female and male adolescents. Similar findings have been reported elsewhere in that in some marriage relationships when power struggles happened within married life, the couple often compares their expectation about their relationship in the past and what actually happened as facts (Story and Bradbury, 2004). There were also different experiences of both young mothers and young fathers as some of them were also trying to manage

and continue their marriage, whilst others were considering divorce. The finding therefore is showing consistency with other research findings that regardless of the age of marriage that in the stage of power struggle many couples end with breaking down and divorce but many of them also can pass the situation by compromising, accepting and learning to make win-win solutions (Yardley, 2008; Asoodeh et al., 2010; Igbo et al., 2015). These findings show that marriage produces knowledge and experiences for both young mothers and young fathers, which can be responded to differently among individuals. The different responses of young parents' in regards to power struggling within their marriage relationship also can be influenced by many factors, such as individual personal characters, levels of stress, experiences as well as knowledge (Randles, 2016). Although young parents in this study experienced the same i.e. married due to premarital pregnancy, in the same context of Indonesian society, there were diversities regarding their power struggles within their married life. It is also acknowledged that some young mothers married mature men, however, in terms of attitudes there were no specific information which guides the differences of power struggling. Therefore power struggling is expected because they are different individuals with different family backgrounds, social classes, knowledge, perspectives and experiences as well as different characters.

Findings from study 3 also suggest that all participants were not exclusively breastfeeding and the finding also indicates that parents' interference influences their breastfeeding practices. Even though some young mothers and young fathers explained that they obtained adequate information from healthcare providers, they were powerless to practice them, which is hindered by their common family practices. The finding is in line with previous research findings as factors that significantly contribute to breastfeeding practices are family, social community and cultures (Agunbiade and Ogunleye, 2012; Wanjohi et al., 2017). These are similar finding to study 2 that the power of family remains strong which influences both young mothers' and young fathers' experiences and practices in studies 2 and 3. Furthermore, less autonomy as parents was also shown from the experiences of both young mothers and young fathers. For instance in decision related to jobs and education as well as breastfeeding practices. It is most probably because they were living with their parents. In the parents' home

they were still situated as children but they also desire to and are expected to find a parenting identity. Therefore, it was more likely that conflicting identities appeared. For example, young mothers and young fathers need to behave based on their parents or parent's in law's family rules which resulted in personal tensions, issues and conflict in their own decisions. The finding is consistent with other literature that tensions usually appeared in between conflicting identities of being parents and children when people are living with their extended families (Brodie, 1997; Farber, 1999; Sonuga-Barke and Mistry, 2000). In terms of education, they also experienced education termination because they are financially dependent on their parents, whilst education is not free in an Indonesian context. The evidence also meets with study 1 and 2 as well as other wider literature that pregnant adolescents are often experienced education termination and have limited opportunities to develop their vocational skills due to burden as parents and responsibilities as mothers as well as a lack of financial support (Maputle, 2006; Yako and Yako, 2007; Klingberg-Allvin et al., 2008; Sindiwe James et al., 2012).

There was a similar finding as in study 2 that belief in God plays a role in the experiences of both young mothers and young fathers in this study, in their early parenthood. The finding also indicates that their belief in God seemed to created participants' spirituality, in which was influenced from their religious values. The findings suggested that both young mothers and young fathers in this study 3 were trying to reconstruct their relationship with God, which led to their confession. Both young mothers and young fathers were experiencing guilty feelings and viewed their life as a punishment from God, which shows how religious values influence their perspectives on seeing themselves. The finding is line with literature that has been documented as confession can be used as alternatives to treatment that leads to resilience from moral emotions like feeling guilty and shame (Ali et al., 2004; Tangney et al., 2007). Additionally, in terms of needs, all participants mentioned that education, jobs, and support to be young parents were required. There is a finding that adolescents were requiring support which should be considered by governments or institutions who focus on adolescents' reproductive health. This is because previous research findings indicate that support during pregnancy and after the birth can have a number of

interrelated positive impacts on the emotional wellbeing of young mothers, particularly when the pregnancy was unintended (Maputle, 2006; MCur et al., 2010; Greenfield, 2011).

Additionally, it is also evident that both young mothers and young fathers in this study experienced trauma of the process of delivery. It shows that they were shocked with the experiences which is most probably due to limited knowledge and information related to the process of delivery. It may also be because both young mothers and young fathers in this study 3 were not obtaining adequate antenatal care, therefore it has an impact on their lack of preparation for coping with stress during the process of pregnancy and delivery. The finding is consistent with evidence from previous research that providing information, education and behavioural approaches during the antenatal period significantly influences how pregnant adolescents and their partner cope with stress and anxiety related to pregnancy and the delivery process (Hodgkinson et al., 2014; Madhavanprabhakaran et al., 2015). It was evident that most of participants were experiencing late antenatal booking. It is likely that participants sought medical consultations late due to premarital pregnancy being socially unacceptable which resulted in their effort in trying to hide their pregnancy. Previous research documented that it is quite often that pregnant adolescents have late antenatal care visits due to several reasons such as avoiding judgement, trying to hide pregnancy or lack of awareness about the health benefits of antenatal care (Phafoli et al., 2007; Gross et al., 2011).

## 6.6 Summary

This chapter presents study 3 which aimed to explore health and social experiences of young parents' after the birth of their baby. It sets out to explain young parents' lives after their baby is born including life experiences, life changes, support needed and life planning. There are three themes emerged from the data which are '*An overwhelming life*', '*Struggling to be parent: heavy rain that suddenly happened without any clouds*' '*My future plan and my needs*'. The findings indicate that after the birth of the baby, young mothers and young fathers also find that their life is still challenging. The current life of becoming young mothers and young fathers brings difficulties for both young mothers and

young fathers because they do not have enough preparation. Furthermore, role division powered by social culture was also shown in their married life. It is evident that young mothers were having issues of having burdens in domestic tasks, whilst young fathers were more focused on having burdens in their relationships and financial matters. Both young mothers and young fathers were also still experiencing social judgement and stigmatisation as a consequence of their premarital pregnancy, and the jobs, education and financial matters become issues for both young mothers and young parents. It also appeared that parents' interference was experienced by participants particularly in terms of breastfeeding practices. It reflects that parents' pattern was an important aspect on the breastfeeding behaviour amongst young mothers and young fathers in this study. Additionally, feeling traumatic about pregnancy and the process of the baby's birth were also experienced by both young mothers and young fathers which led to their plan of not having another child. There was evidence to suggest that both young mothers and young fathers were trying to manage their life and they also require support and help to be young parents.

## **Chapter 7 Discussion and Conclusion**

### **7.1 Introduction**

The main focus of this thesis was to understand the Indonesian adolescents' experience of their pregnancies as a result of premarital pregnancies and early parenthood which considered out with cultural and religion expectations in Indonesian society. The purpose was to explore and illuminate Indonesian adolescents' reproductive practices, and their experiences during pregnancy and early parenthood, so that we can understand their experiences on in a social context and understand how some adolescent behaviours were out-with cultural and religious expectations. The research study consisted of three individual studies: Study 1 was a qualitative systematic review (see Chapter 4), study 2 was an in-depth study of Indonesian adolescents' reproductive health and their experiences during pregnancy (see Chapter 5) and study 3 was an in-depth study of Indonesian young parents after the birth of their baby (see Chapter 6). It is through data analysis from the interviews that these findings have emerged.

In this Chapter 7, which is the final chapter of this PhD thesis, an overview of the research aim research questions and findings of study 1, 2 and 3 are provided. Following this, an overarching discussion of the key findings of the research is presented along with discussion of wider theories and wider literature to support and debate key findings. Foucault's perspective related to power relationship within society is used as a lens to explain the relationship experiences of Indonesian adolescents during pregnancy and their early parenthood. A model to explain how power is dispersed in Indonesian society, as found within the data, was also developed. Adolescents' relationships and behaviour were complex and influenced by numbers of factors which are discussed within this chapter.

The strengths and limitations of this PhD research will be considered together with the originality, implication of this research, recommendations, dissemination, concluding remarks. In doing so reflection of the process after data collection are also provided.



## **7.2 An overview of the research aim, research questions and key findings**

The aim of this research was to explore, illuminate and understand Indonesian adolescents' reproductive practices and their experiences during pregnancy and early parenthood. There were three research questions to meet the aim, these were:

1. What are the health and social experiences of pregnant adolescents and their partners in Indonesia and other low-lower and middle-upper middle income countries?
2. What are Indonesian adolescents' experiences during pregnancy?
3. What are the experiences of Indonesian young parents after the birth of their baby in Indonesia?

In order to address the research questions, three phases of qualitative studies were applied namely study 1, 2 and 3. Study 1 was a qualitative systematic review (see Chapter 4), study 2 was an in-depth study of Indonesian adolescents during pregnancy (see Chapter 5), and study 3 was an in-depth study of Indonesian young parents after the birth of their baby (see Chapter 6). Figure 7-1 represents the overview of the main findings of study 1, 2 and 3.

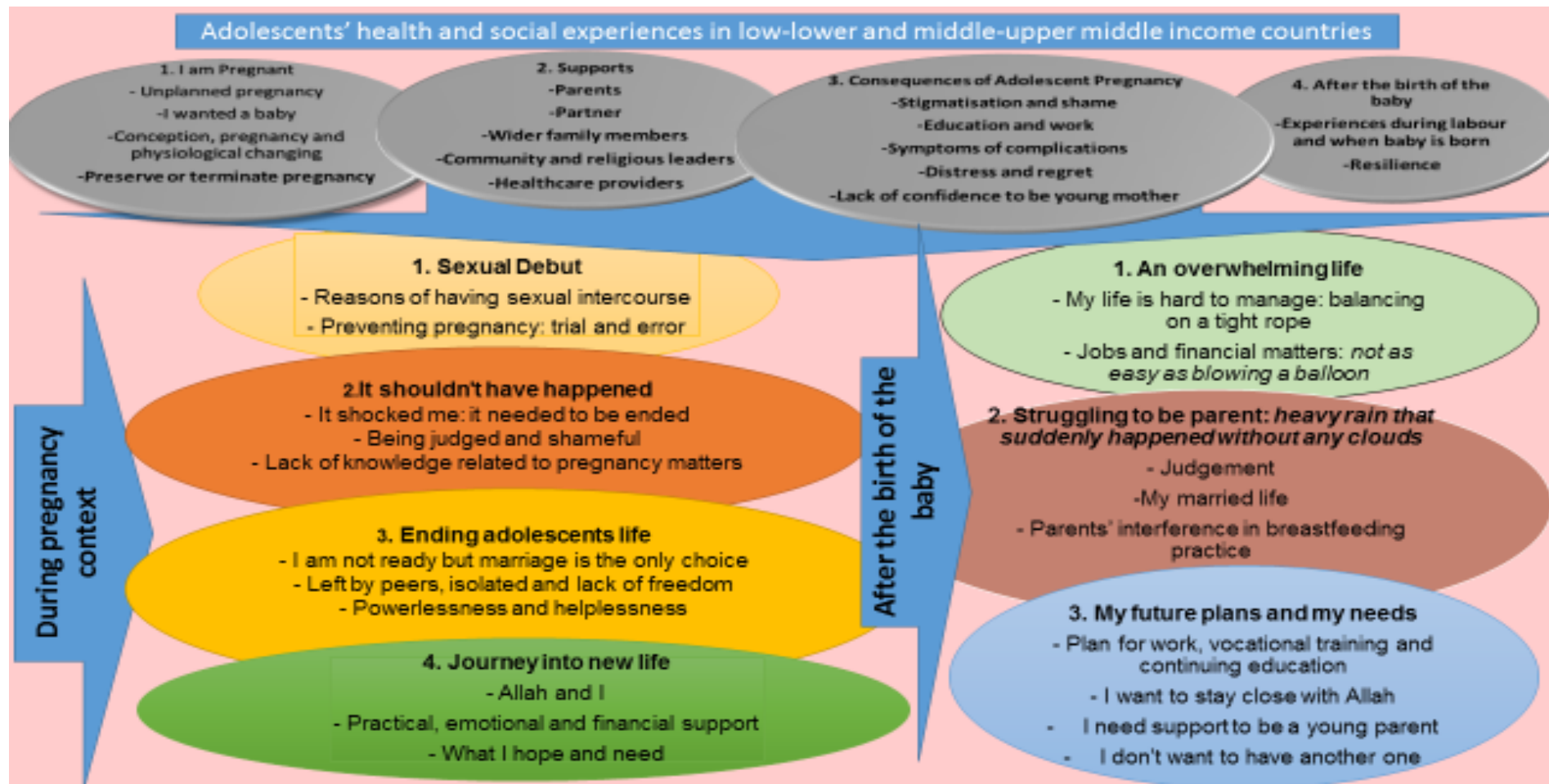


Figure 7-1: Overview of main findings from study 1, 2 and 3

### **7.3 The dominance of culture and religion upon adolescents' experiences**

This section will discuss the overarching main findings of this PhD research drawing upon Foucault's views of the concept of power within society (Foucault, 1982; Foucault et al., 2000) as a lens to help explain the context within which adolescents were living and the influence of social relationship. It needs to be highlighted that the dominance of cultural expectations appeared within participants' narratives of the study 2 and 3. The qualitative systematic review (study 1), wider theories and literature are employed to support and debate the findings. A concept of power relations in society (see Chapter 1 section 1.4) within this research helps to explain how different individuals or groups within society see themselves and interact with others (Sertel, 1971; Foucault, 1982; Foucault et al., 2000; Hsu, 2014).

One of many issues running through this thesis is the 'power' and the subsequent effect on the quality of the relationship between adolescents and societies; adolescents and family; adolescents and partners; and within adolescents itself. Indeed, the literature explain that culture plays a dominant role in the society; it influences and shapes the system society, structures and social classes of individuals and their behaviour (Foucault, 1982; Harish, 2014). According to Ewing (2008) culture is the full range of learned human behaviour patterns, it can be more effective as a survival tool, rather than reliance on the instinct of people or individuals within society. This is likely because most human behaviours are a result of social learning rather than instincts, therefore without culture society might not conform to a particular law or norm (Ewing, 2008). Culture also helps people adapt to current life as a culture is formed and influenced by past experiences, for example what is acceptable and unacceptable and then challenge the current social norms to continue, to find out what is and is not accepted within society life (Hannover and Kuhnen, 2009; Thompson, 2012).

In addition, Foucault (1982) in Sloan (2007) argues that culture is a hierarchical organisation of values, it is accessible to everybody, but at the same time, culture creates a mechanism of selection and exclusion and hierarchical organisation of society. The power of culture can also be diffused and manifest in both written

documents such as government policy, social practices and unwritten norms such as society values and normal practices (Foucault et al., 2000; Gallagher, 2008). The power of culture can also be seen in the way that society classifies 'wrong' and 'right' attitudes within a society, for structuring social class, or for differencing gender roles such as women have major roles on domestic tasks whilst men have a major role in earning money (Oakley, 1976; Oakley, 2005; Forste and Fox, 2012). The theory of the power of culture can be seen in adolescents' narration relating to policy, practices, expectations, family, behaviour and also their relationship. Figure 7-2 is a model to show the dominance of the power of culture and religion that has emerged from the findings.

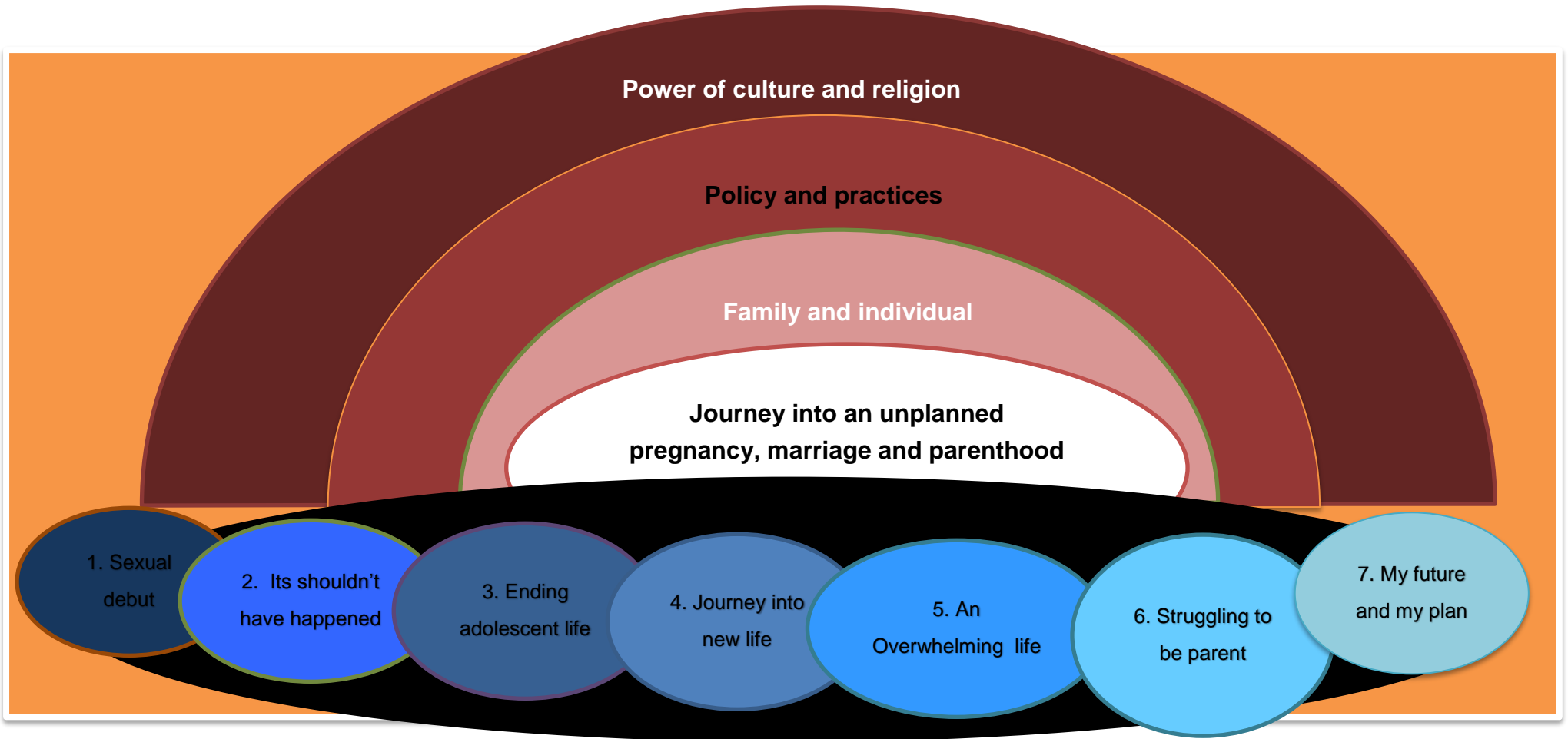


Figure 7-2: Model to show dominance of the power of culture and religion on Indonesian adolescents' unplanned journey

It is evident that in an Indonesian context, culture and religious value systems seem mutually exclusive, as they are difficult to separate from each other. This perspective is in line with a theory from Koentjaraningrat (1976) an Indonesian anthropologist who reported that *'budaya dan agama sangat berkaitan erat dalam keseharian masyarakat Indonesia'* (page 57), which means culture and religion are mutually chained in Indonesian people's life. Therefore, cultural and religion values are adopted in their life discourse and relationship. It also manifests in their inner personal attitude, thoughts, beliefs, and knowledge as well as their experiences. For example, in this PhD research context, premarital intercourse is prohibited in Indonesian society, the prohibition seems to come from Islamic values but then it seems to be accepted and then cultured by followers of other religions in Indonesia, therefore the prohibition of premarital intercourse has become an unwritten law in Indonesian society, regardless of religion.

Thompson et al. (1990) and Storey and Storey (2009) argue that culture refers to the accumulation of knowledge, experiences, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group. It therefore appears that religion can also be a cultural system within particular groups in the society (Swingewood, 1998; Edgar and Sedgwick, 2002; Storey and Storey, 2009). For example, when a particular religion is practised, followed and cultured by people in society, then it can be powerful to influence the society practices such as community behaviour and expectation (Foucault and Carrette, 1999). This explanation of culture can be seen from adolescents' experiences that their premarital pregnancy, was beyond the cultural and religious expectation, resulted in judgement, exclusion and stigmatisation among Indonesian adolescents. Considering the explanation above, therefore the power of culture and religion will be considered as mutually exclusive.

Findings also revealed that the dominance of cultural expectations within Indonesian society played an important role in Indonesian adolescents' experiences, from the beginning of their sexual debut into their unplanned pregnancy, marriage and parenthood. The figure 7-3 is a word cloud presenting

the complex of experiences and aspects contributing to the experiences of unplanned pregnancy, marriage and parenthood.



**Figure 7-3: Word cloud of experiences and aspects that contributed to adolescents' experiences of unplanned pregnancy, marriage and parenthood.**

At the beginning of their sexual debut for instance, findings showed that adolescents were reluctant to access SRH information and services because in Indonesian social culture, discussing sexual matters is taboo. Furthermore, '*discussing sex is taboo*' also appears in public policy and practice, such as in Indonesian schools. It is evident that SRH education was provided in the school curriculum (BKKBN, 2015), but, instead of focusing on reproductive health, preventing adolescent pregnancy, and on behaviour and relationships, the SRH curriculum focuses on biological and physiological reproductive organs. This apparent lack of SRH knowledge including pregnancy prevention among Indonesian adolescents, which is likely to be one factor contributing to their sexual debut and pregnancy. Others have echoed that SRH education and information as well as contraception advices and contraception need to be readily available and easily accessible to adolescents in order to reduce the number of adolescent pregnancies (UNFPA, 2013; UNPF, 2013; Lemon, 2016). The importance of SRH education and information for adolescents also needs to be

considered and campaigned among parents and societies, because in many societies talking about sexual matters is not common or even shameful within family and society (Shrestha, 2002; WHO, 2009; UNFPA, 2013). Uncommon conversation related to sexual matters within society may also result in a lack of understanding about SRH, pregnancy prevention and contraception amongst adolescents. Therefore, it can be seen from the findings that there is a culture in Indonesian society that can limit the access and availability of SRH education and information among Indonesian adolescents, which could be one factor contributing to adolescents engaging in premarital sexual relationship which leads to the unplanned adolescent pregnancy.

Findings from this study also suggest that when an unplanned pregnancy occurs, the journey into unplanned marriage and parenthood begins with a dominance of cultural expectations. Societal stigmatisation, judgement, isolation, and exclusion were experienced by pregnant adolescents and their partners as they were considered as people behaving out-with Indonesian cultural expectations. Marriage was initiated by adolescents' families in order to meet society expectations and this placed adolescents with no choice except marrying. The finding is similar to previous research documented that social power including society norms enable people to govern the way of society perceive, judge, and interact with others (McGee, 2013). The psychosocial consequences of unplanned pregnancy therefore can be seen as a result of how cultural expectations are powerful in influencing people's perceptions within society to judge and exclude those who broke the society values.

Additionally, the power of culture also influenced adolescent marital relationships, and role divisions as husband and wife as well as when adolescents engaged in parenthood. In Indonesia, a patriarchal society in general is strong within society, such as in Java where the research was conducted, there is a societal expectation that women were expected to have a major role in domestic tasks and caring for children, whilst men were expected to earn money and fulfil their family needs (Ray-ross, 1997; Morrell, 2002; Vaezghasemi et al., 2014). Findings show that adolescents attempted to adopt cultural expectations, however, since they lacked preparation for their marriage and subsequent parenthood, they found difficulties in managing their life. The findings revealed that different



difficulties happened between female and male adolescents (Chapter 6 Section 6-4). For example, the findings showed that some young mothers experienced overwhelming tasks of caring for their baby, providing food for family, laundering and managing other house work, whilst, young fathers experienced stress in finding a job or earning sufficient income for their family. Similar findings have been asserted by others claiming that culture is a social power and it is one of the most important factors that shapes human personality, behaviour and perceptions (Foucault, 1991; Matsumoto, 2007; Hill and Tyson, 2008).

The practice of role division among Indonesian young parents can be seen clearly in that adolescents attempted to fulfil what the society expects. It is evident that there is a traditional Indonesian proverb for women which is '*wanita itu harus bisa mengurus dapur, sumur dan kasur*' which means that women have a responsibility to provide food for family, laundry and clean the house as well as having to please their husband in sexuality (Heraty, 2002; Sugihastuti et al., 2007). This proverb is well known across Indonesian society and generally accepted that the main role of women is doing domestic tasks and raising a family. There is also evidence that in Indonesia the majority of people are Muslim and there is a Prophet Muhammad sentence which recognised about a women's role, which is narrated by Abu Huraira, "*The righteous among the women of Quraish are those who are kind to their young ones and who look after their husband's property*" (Elias, 2010). However, this Prophet Muhammad's sentence has been interpreted in many different ways. For example, one interpretation has been understood that as women's roles are raising the children and caring for the husband, which considers that domestic tasks and home are women's responsibilities. It is possible that such practices keep women at home, limit access to higher education, render women inferior and unequal to men. It is plausible that such practices also set women's expectation to a lower level education than men and consequently reduce young mothers in a place of less opportunity to work outside the home. Although these views are held by some Indonesian people, there are also many others Indonesian people who argue that such interpretation and implementation related to Prophet Muhammad's sentences are misplaced and another different interpretation is that as women have to manage their young ones (children) as well as managing husbands'

property therefore women need to be educated, trained and supported in order to be able to manage their roles appropriately. Whilst, men in an Indonesian context are thought and expected to have responsibilities for earning money, fulfilling the family needs and becoming leader for their family (Ray-ross, 1997; Morrell, 2002). Therefore, the role divisions which have been practiced by young parents in this study were more likely adopted from the society practices in an Indonesian context.

Interestingly, whilst there are different perspectives on the women's role in the family within Indonesian society, there are limited debates, discourses or contradictory views with regards to men's roles, particularly in an Indonesian context. It seems to be that men's views related to their responsibilities and divisions were less explored. This is probably because there are limited issues or conflicts that have appeared regarding men's role divisions or it may also be because of less concern about men's needs; or it may also due to limited studies questioning what men's views are related to their responsibilities and role divisions. It is possible that little interest has been paid towards male adolescents' role in other countries helping to explain why no such studies were included in study 1. Therefore, further exploration related to how men view their responsibilities and role divisions within their family, which is constructed by cultures probably needs to be explored in order to provide research evidence, in which may also be beneficial in promoting men's health and wellbeing as well as that of the family.

### **7.3.1 The dominance of the power of culture and religion upon policy and practice**

The power of policy and practice can also be seen throughout the findings of this research as an important aspect which needs to be highlighted in Indonesian adolescents' unplanned journey of pregnancy, marriage and parenthood. Policy and practice may be guidelines, rules or principles that are formulated or adapted by an organisation or government towards specific service delivery including laws, regulations and organisational policies, which affect social welfare policy and social work practice (Wafula et al., 2014; Batra and Bird, 2015). For example, the findings indicate that Indonesian adolescents have no access to any form of formal contraception service since these services are only accessible to married

couples. This government policy seems to be informed by the Indonesian culture value that premarital sexual relationship is prohibited, therefore, only married Indonesian people are able to access contraception. This aspect of Indonesian cultural seems to be closely aligned with Muslim values that is premarital sexual relationship is considered as immoral behaviour. The Qur'an which is a holy book of Islam stated *"And do not approach unlawful sexual relationship. Indeed, it is ever an immorality and is evil as a way [Surah Al-Isra (17:32)]"* (Itani, 2014). Therefore, there is an expectation that premarital sexual relationship needs to be avoided by people who believe and live by Islamic values. As contraception is defined as methods or techniques to prevent pregnancy as a consequence of sexual relationship, therefore in order to access the contraception, Indonesian people generally are expected to be in a married relationship.

Evidence from other literature confirms that in other cultures contraception is prohibited as it is considered as a barrier to the life of children and it also changes the natural system given by God (Hunt, 2002; Iyer, 2002; Regnerus, 2005). For example, there are some groups of Muslim people who believe that contraception is against the right of children to life as there is a verse in the Qur'an which states: *"You should not kill your children for fear of poverty [Surah Al-Isra (17:31)]"* (Itani, 2014), which is interpreted by some groups of Muslim people as including a ban on contraception as well as infanticide (Srikanthan and Reid, 2008; Shaikh et al., 2013). On the other hand, there are also groups of Muslims who argue that contraception that does not have a permanent effect is permissible as they are not permanently preventing conception but are only controlling the birth and this is also beneficial to preserve the health of the mother or the wellbeing of the family (Krehbiel Keefe, 2006; Sueyoshi et al., 2006). Whilst, there are contradictory issues in relation to whether contraception is permissible, in this Indonesian context, contraception was not accessible to adolescents due to their status as unmarried individuals and the cultural values which consider premarital sexual relationship as immoral.

Furthermore, the findings also revealed that all adolescent women had attempted to terminate their pregnancy by using their traditional methods as policy and health practice considers that abortion is acceptable only when undertaken for medical purposes in Indonesian health practices (Sedgh and Ball, 2008b). It is

therefore evident that cultural and religious values and beliefs influence health policy and healthcare practice. In an Indonesian context, there is a belief that abortion is permitted, when the mother's life is considered to be more important than that of the embryo (Bennett, 2001; Sedgh and Ball, 2008b; Nasir, 2011). For example, when mother has poorly controlled diabetes with severe maternal cardiovascular, renal, and vision complications which cause a significant problems during pregnancy and put a fetus and a woman's life at risk if difficult to control. There is also a belief that the soul does not enter the foetus until the 120th day of gestation, which indicates that an abortion, if deemed appropriate, should be carried out before that time (Sedgh and Ball, 2008b; Nasir, 2011; Surjadjaja and Mayhew, 2011). Within the Qur'an there is a verse recognising the process of pregnancy, which is interpreted as the process of human creation that *"Certainly We created the human being from an quotes of clay. Then We made him a drop of (seminal) fluid (lodged) in a secure abode. Then We created the drop of fluid as a clinging mass. Then We created the clinging mass as a fleshy tissue. Then We created the fleshy tissue as bones. Then We clothed the bones with flesh. Then We produced him as (yet) another creature. So blessed is Allāh (SwT), the best of creators! [Surat al-Mu`minūn (12-14)]"* in (Itani, 2014). Additionally, the creation of the foetus, it is narrated from the Prophet (S): *"The seed in the womb of the mother (takes) 40 days to become a clot, then after 40 days it becomes a lump of flesh (foetus); when the child is 4 months old, by the command of Allāh, 2 Angels give the foetus a soul (rūh) and specify the sustenance (Rizq), period of living, deeds (A°māl), prosperity and adversity of the child."* Therefore, it is perhaps for this reason that it has been interpreted that an abortion, if deemed appropriate should be before the 120<sup>th</sup> day of gestation in Indonesian healthcare practices. Previous research findings have reported by Bloomer et al. (2016), confirms that the perception and treatment of practices related to abortion are constructed by the meaning of abortion within societies' social history, gender and culture including religion. The literature also reports that abortion as contradictory issue not only in Indonesia but also in other countries (Dixon-Mueller, 1990; Ahman and Shah, 2010; Vlassoff et al., 2016). Some arguments are concerned about the baby's right to life and some are concerned about their religious expectations. The findings in this PhD research

revealed that adolescents attempted to terminate their pregnancy by their own methods as legal abortion from healthcare services was not accessible for them. This appeared to be because their pregnancy was socially unacceptable with enduring consequences.

Further findings also suggest that the dominance of the power of culture and religion can also be seen has influenced and shape the provision of services of the SRH information for adolescents. In an Indonesian context, SRH services which are available in public health centres seem to be hard to access for Indonesian adolescents as they are in public areas where there are mostly adults around. Such conditions may lead to a feeling of reluctance to access the SRH services as discussing sexual matters is considered as taboo. Therefore, Indonesian adolescents were probably fearful of society judgement if they wanted to access SRH services. In addition, the power of the idea that discussing sex is taboo seems also manifest in the school curriculum where the SRH curriculum focusses on the biology and physiology of the reproductive organs rather than explaining adolescents' behaviour and relationship which lead to adolescent pregnancy and contraception. In every society, there are topics which are believed to be not appropriate if spoken about at public occasions, which are often called taboo (Gao, 2013). Other scholars also define taboo as the prohibition or avoidance in any society of behaviour believed to be harmful to its members in that it would cause them anxiety, embarrassment, or shame (Biro and Dorn, 2005; Regmi et al., 2010b; Crespo-Fernandez, 2015).

Additionally, the institutions of SRH limit access of SRH services as they are provided during working hours which are the same as school hours. The limitations around access to SRH services seem challenging for adolescents which for these participants, led to a lack of knowledge and information and consequently may have contributed to adolescent pregnancy. In this case, the findings participants' narratives concurred with findings of the study 1 as almost all of the included papers mentioned that one of the most influential factors leading to adolescent pregnancy was a limited knowledge and limited access to contraception (Yako, 2007; Klingberg-Allvin et al., 2008; Maholo et al., 2009; Goicolea, 2009). The literature confirmed that in order to enable wider

accessibility of SRH programme interventions and services for adolescents, services needed to make the programme friendly for adolescents (WHO, 2012).

Further findings also indicate that policy and practice played an important role in adolescents' school exclusion. As it was evident that some Indonesian adolescents were excluded from school due to their premarital pregnancy. The findings suggest that the school policy practice also seems to have adopted the cultural value. As premarital pregnancy is prohibited and it is considered an immoral practice, therefore school exclusion seems to be a kind of punishment for those who behave out with the school's values and expectations. In this case, the concept of Foucault (1991) seems to be applicable since he argues that punishment has moved from the body to the soul. Therefore instead of torturing the body, social exclusion is one type of punishment used to control people's behaviour at a social level.

A further point that could be highlighted in terms of how the power of culture is manifested in policy and practices is that policy and practices have been created from knowledge which resulted from society relationships. The knowledge was adopted, formed and circulated by experts in society such as by the government to manage and control the system, in Foucault's concept this can be considered as *power-knowledge* (Foucault and Gordon, 1980). For example in Indonesia, it is evident that policy practice have been developed and implemented by the Indonesian government, whereby the Indonesian government itself involves Indonesian people who have personal knowledge and experiences gained from their society relationships in Indonesia (Warka, 2011). The Indonesian government involves people whom are responsible for the day-to-day governance of the nation i.e. the president and vice president and also a group of people who are responsible for law-making including establishing broad guidelines of state policy, and amending the constitution which is called People's Consultative Assembly (PCA) (Warka, 2011). It is also evident that only Indonesian national are able to be part of the Indonesian government and those people who are members of Indonesian government build interaction with Indonesian people in Indonesian society (Liddle, 2004; Fossati, 2017). Therefore, it seems to be no surprising fact that the product of policy and practices that are implemented in Indonesia has been strongly influenced by cultural and religious

values that were practiced in an Indonesian context. The policy practice includes policy and practices related to SRH for adolescents, as the people who establish policy are the Indonesian government which involves Indonesian people in an Indonesian context. Consequently, as membership of PCA are grounded in Indonesian society, consensus of opinion, which informs policy and practice, is likely to be influenced by strong culture and religion values. When the findings are applied to Foucault's concept of '*power-knowledge*' (Foucault and Gordon, 1980), the policy seems to be a knowledge in order to control people in society to behave as policy makers wish. The findings suggest that the power of Indonesian culture influences how policy and practices operate in Indonesian society, particularly for adolescents SRH.

Wider literature also mentioned that in terms of SRH policy and practice, most literature reported that important factors need to be considered such as the accessibility of contraception and abortion, SRH education and campaigning, maternal services for adolescents and adolescent parenting services. The literature also indicates that adolescent pregnancy was also considered as a public health issue and WHO also recommended that every national government needs to put efforts into reducing the number of adolescent pregnancies as they are aware that adolescent pregnancy brings negative consequences for maternal and children's psychosocial and health outcomes (Sindiwe James et al., 2012; WHO, 2014a; WHO, 2015). The findings therefore support Foucault's theory that the policy practices were produced from the government's intention to manage the population in the larger societal body (Foucault and Hurley, 1990).

### **7.3.2 The dominance of the power of culture and religion within family**

The power of culture was also evident within the family which also has inherent power. Kranichfeld (1987) refers to family functions which have individuals as units and among these individuals there is an interaction process to influence each other. For example, parents teach their children to behave as they and society would expect. According to Okulicz-Kozaryn (2010), parents are one crucial factor in determining children's behaviour and within the family, parents have autonomy for their children. Foucault (1991) argues that the family is a traditional sovereign institution whose power has been slowly diluted overtime,

as normally there is authority of parents over children. For example, within this PhD research adolescents whom were not married needed their parents' consent to be involved as participants. However, others report that developing parents' and children's relationship is challenging, particularly when children are entering adolescence (Goldstein et al., 2005; Yaacob, 2006; Mangeli and Toraldo, 2015). Arnett (1999) suggests that adolescence is a time of storm and stress, describing extreme parent-child conflict and adolescent rebellion as an inevitable part of the adolescence years. The theory of Foucault related to power within family can also be seen from the experiences of adolescents related to their relationship with parents and how the power of culture had an influence on the relationship of the adolescents and their parents during their pregnancy and their early parenthood.

It was interesting to note that when unplanned pregnancy occurred, all adolescents returned to their family homes. This situation seems to suggest a unique experiences, whereby the adolescents both is a child as well as becoming parents. It is also apparent, within Indonesian cultural that children are always considered as children by their parents, therefore although adolescents were becoming adults, they were likely to have less authority than their parents as they are still expected to behave as children when with their parents (French et al., 2013; Santoso et al., 2016). Chang (2007) also suggests that Asian parents tended to be more authoritarian than American parents which influenced on adolescents' self-esteem (Chang, 2007). Since this PhD research conducted in Indonesia which is part of Asian countries, therefore such culture also can be seen from the PhD research's findings, which seems to lead to some internal issues in their parent-children relations. For example, a feeling of powerlessness was evident which explained that the power of family strongly pushed adolescents into engage in marriage, whilst adolescents were left with no choice except to engage in unplanned marriage which was initiated by their family. The findings indicated that parents were trying to force their children to marry to fulfil the Indonesian society expectation. Marriage seems to be the only way for adolescents with premarital pregnancy to be accepted by society and legalised as a couple. In an Indonesian society context, it is not socially accepted to be a couple without being married or to be an unmarried pregnant women. It is also not common for a couple to live together without being married. Taylor (2017)



suggests that children internalise an awareness that they are under the surveillance of their parents, whilst parents are conscious of their surveillance by neighbours. For example, within this PhD research findings show that all adolescents agreed to marry because their parents asked for this, whilst their parents seemed to initiate this marriage due to wanting to fulfil society's expectation. In regards to the theory of Foucault (1991), the case of adolescents' marriage, parents indeed seem to discipline their children to meet with cultural expectations in order to normalise their lives as well as to minimise shamefulness. Foucault (1991) also explains that surveillance is a part of disciplinary practice which can also be seen as a power of discipline, which Foucault calls '*discipline societies*' (Foucault, 1991; de Bustillo et al., 2006). Foucault analyses the system of prison, incorporating his idea of the '*Gaze*' which is symbolised through the '*panopticon*'. Panopticon means a circular prison with cells arranged around a central well, from which prisoners could at all times be observed. The '*Gaze*' is important because it reminds people of the fact that it is not always important to watch over people because they will begin to set standards of living on their own, thinking they are being watched and surveillance. In turn, the '*gaze*' creates an idea of constant self-surveillance among subjects, who become complicit in the production of themselves as normal individuals (Peres et al., 2011; Rye, 2014; Bourke et al., 2015).

Furthermore, in an Indonesian cultural context, children are expected to please their parents and respect what parents ask. As such, in many practices children have less autonomy even to decide what they actually want and begin to passively accept any treatment from their parents. There is a traditional proverb called '*kualat*' which is generally interpreted by Indonesian that people who disrespect their parents, will obtain something bad. This interpretation is similar to '*karma*' in Indian society where the sum of a person's actions in this and previous states of existence are viewed as deciding their fate in future existences (Goldman, 1985). It seems therefore that the power of culture can be considered as one reason why adolescents were behaving passively towards their parents and accepted what their parents asked.

Findings also suggest that adolescents had no choice other than to accept marriage which was initiated by their parents. Hence, it seems that adolescents

behave passively as children of what society expected, that is accepting what their parents asked of them. In Islamic values which is the religion of almost all the participants, there is a recognition of and a request for every Muslim to respect their parents in the Qur'an verse that *'Your Lord had decreed, that you worship none save Him, and (that you show) kindness to parents. If one of them or both of them attain old age with you, say not "Fie" unto them nor repulse them, but speak unto them a gracious word. And lower unto them the wing of submission through mercy, and say: My Lord! Have mercy on them both, as they did care for me when I was young [Surah Al-Isra' (17:23-24)]* in (Itani, 2014). This seems therefore to be one of the reason why adolescents were complying with engaging in marriage. Whilst, participants' parents were trying to fulfil society expectations, parents also seemed to feel pressure from society to behave as the society expects. Consequently, they also diffused their power to show their role as parents which aims to be responsible. Although such parents' practice more likely resulted in less autonomy for their children to decide what they actually want.

However, in Java there is a proverb which is *'anak polah bopo kepradah'* which means that parents have to be responsible when children commit something bad or immoral. The initiation of adolescent marriage, therefore, seems to have to be accepted by adolescents in order to fulfil their parents' expectations and parents were also trying to show their responsibility for what their children have done. Parents who are also considered units to diffuse religious values upon their children, also seem to have the temptation to initiate marriage as their responsibility to the cultural society as they are considered a unit of society, at the same time they were also showing their responsibility to the religion as parents, in which they have responsibility for what their children of what children have done. There is also a proverb that mentioned about a parent's role in diffusing cultural and religious values that is *'rumah adalah madrasah pertama bagi anak-anak'* which means in the home (which points to parents) is the first place for children to learn cultural and religious values. It is probably the reason why the parents of adolescents in this study initiated the marriage among adolescents, as parents are also being watched by society to behave as society expects.

Findings also revealed that parents were playing an important role in adolescents' transition into parenthood. Less autonomy again was experienced by almost all adolescent participants after their baby was born. For example, decisions about breastfeeding and infant feeding practices were strongly influenced by their families. These findings meet with previous research that shows that less autonomy as parents among adolescents often occurs because quite often adolescent parents still live with their family (Strömmer et al., 2016). It is evident that parents within the family naturally have authority over their children (Foucault, 1991). However, in such living arrangements, it can lead to internal tension and conflict among those adolescents (Halford et al., 2010; Lazarus and Rossouw, 2015). Adolescents in this study were situated as children who are expected to behave under their parents' control but at the same time they were also expected to behave as 'normal' parents like their older counterparts as their society expected. It is evident that from the perspective of the parent-children relationship, children had to be under greater surveillance of responsible adults (Gadda et al., 2008). According to the concept of Foucault (1991) in Gallagher (2008) with regards to the parents-children relationship, parents have an essential role to discipline their children through processes of training, correction, normalisation and surveillance.

It also needs to note that there was a lack of assertiveness among participants, for example, to speak about what they needed and wanted to their parents, which was possibly shaped by how society constructs their view regarding how to behave with parents as well as their older counterparts. This may be explained by a local cultural expectations, for example the research was conducted in Java and all participants' ethnicities were Javanese, particularly in Yogyakarta where the Javanese Royal Family still reside. The royal family is considered to be one the reasons that in Yogyakarta, Javanese traditional cultures and beliefs remain strong and become unwritten rules within Javanese society. There is a proverb spread within Javanese society '*bekti marang leluhur*' which is interpreted as meaning that Javanese people are expected to respect their ancestors by preserving their culture and beliefs to be passed onto younger generations (Koentjaraningrat, 1976). There are well known Javanese cultures across Indonesian society. For example, people are always expected to be considerate

of people and others' needs rather than their own needs, as well as accepting everything that has been obtained as a proof of thanks for what God has given. There is also a cultural norm—named '*unggah-ungguh*', which is a rule of Javanese on how to behave and show manners in society. The Javanese are also known as people who are softly spoken, patient, polite, '*nrimo*' (accepting), and sincere (Dewi et al., 2017). They do not like to speak loudly, behave harshly, or express 'strong emotion' such as anger (Endraswara, 2003). These social expectations seem to lead to a lack of assertiveness and deference among Javanese people, therefore in this PhD research, adolescents as well as their families seemed to adopt the Javanese cultural values. Evidence of this can be seen as there was no insisting behaviour expressed by adolescents or their parents in opposition to adolescent marriage. Although, all adolescents expressed that they were not ready to marry they complied. It would have been illuminating to explore unplanned pregnancies and marriage among adolescents involving their parents in order to provide a wider perspective related to adolescent pregnancy from a different a subject of study.

However, an apparent lack of assertiveness among adolescents may also be due to their age. All participants were aged 19 or less at the time of this study. In adolescence, the cognitive and emotional aspects are still under development (Kaye, 2008). Furthermore, literature also documented that gender, age and education significantly contributes to the level of assertiveness (Kilkus, 1993; Onyeizugbo, 2003). In relation to that, findings revealed that none of the adolescent participants in this study were engaged in higher education, therefore this may also become a further reason which led to a lack of assertiveness among adolescents in this study with regards to speaking out against their society's cultures. Previous research show that education may build self-esteem as during the process of education people are more likely to be think about communication, decision making, meeting challenges, receiving feedback and self-confidence (Shiwach, 1997; Cavazos-Rehg and DeLucia-Waack, 2009; Van Eckert et al., 2012).

### **7.3.3 The dominance of the power of culture and religion upon the individual and spirituality**

The power of an individual refers to individual autonomy or authority that enables an individual to make decisions, have a relationship with others, or do whatever is necessary (Klepec, 2003; Romano, 2009). The power of an individual is also defined as personal power which refers to self-assertion, a natural striving for love, satisfaction and meaning in one's interpersonal world (Alex and Jean, 1994; Langlois, 2013).

Findings indicate that in the beginning of adolescents' relationships, both female and male adolescents were showing their love for each other which brought them into intimacy and their initiation of premarital sexual relationship. Similar findings (but in the context of adults) can also be seen from previous research focusing on relationships, that sexual relationship is an intimate process and an important aspect of the process of growing a loving relationship (Hendrick and Hendrick, 1991; Ahmetoglu et al., 2010; Alea and Vick, 2010). Therefore, the engagement of premarital sexual relationship among adolescents in this study was more likely a milestone of their growing loving relationship, which on the other hand also led to their unplanned premarital pregnancy.

Conversely, virginity is still considered as highly valuable in Indonesian society, it is called 'kesucian' or 'kehormatan' which means as 'purity', 'honour', or 'sanctity' (Situmorang, 2003). Previous research reveals that virginity is a concept shaped by society or religion and has an influence on how people show their sexual ideologies as well as sexual practices (García, 2009; Le Espiritu, 2003; Mitchell, 2015; Amer et al., 2015). Other literature has documented that in other cultures women are thought to retain their virginity in order to be viewed as respectable and religion has been become a major proponent of the power of virginity (Gleixner, 2005; Ogland et al., 2011). Whilst, some societies still consider virginity to be important and an honour, others believe that virginity is a construction of societal power to control women's sexuality and fear them having natural sexual desires, as well as pleasure (Awwad, 2011; Christianson and Eriksson, 2015). Indonesian society expects women to keep their virginity until the day of marriage, and female are supposed to give their virginity to their husband. However, the facts show that female adolescents were engaging in

premarital sexual relationship, in order to show and proof their love for their boyfriend. Therefore, there may be multiple pressure which influenced adolescents' behaviour and their view of the concept of virginity. On the other hand, adolescents' premarital sexual relationship behaviour among adolescents probably may an attempt to resist what their previous generation thought and behaved. Adolescents seems to go in the opposite direction to what society expects. As instead of keeping the value of their virginity, adolescents give the engaging premarital sexual relationship as proof of their love. These findings reveal that power can be seen as not static but as dynamic across and within the society as well as upon an individual. However, there were also evident from the previous research that other group of Indonesian adolescents behaved differently as they viewed that virginity is an 'honour' for their future husband (Situmorang, 2003). The both findings form this PhD research and previous research suggest that power is dynamic, it works in a setting, exercised within different dimensions, it can change, it is not concentrated on a single individual or class and it is intentional (Foucault and Gordon, 1980; Foucault, 1982; Sloan, 2007). Therefore, among Indonesian groups of adolescents, there are different views and behaviour in regards to the virginity.

It is evident that adolescents participants in this PhD research were rebellious. Rebellion is defined as the action or process of resisting authority, control, or convention (Reed, 2015). Rebellion in some cases is shown in the age of adolescence, as in this period some of the young people proudly assert individuality from what parents or societies like or independence from what parents or societies want and in each case succeed in provoking their disapproval (Jensen et al., 2004; Luthar and Ansary, 2005). The findings in this study indicate that Indonesian society seems to control and surveillance people's behaviour by using cultural norms, whilst adolescents were trying to resist the cultural power and society control. Foucault (1991) suggests that the society is more likely to be a panoptical tool towards adolescents to ensure they behave in certain way. Whilst, adolescents' rebellious behaviour seems to be a resistant to the power of culture and religion which are strongly diffused within Indonesian society. Foucault and Hurley (1990) agree that '*when there is a power, there is a resistance*'. Resistance itself can also be considered a source of power which in

social relationships usually comes from a different direction to that of the mainstream (Heller, 1996), in which also can be seen from the rebellion of adolescent participants within this PhD research.

Furthermore, findings also indicate that puberty, which leads to sexual interest as well as sexual desire also seemed to have influenced adolescents in their decision-making related to engaging in premarital sexual relationship. Desire is described as an individual's power, which leads to humans 'wanting' or 'wishing' for something to happen that will bring their satisfaction or enjoyment (Ceccoli et al., 2000). The power of an individual with regards to sexual desire was probably one reason which enabled both female and male adolescents to engage in premarital sexual relationship. Foucault and Hurley (1979) explain that power not only appears in the economy or state but also in a micro level of power relations, for example in the institutions of marriage, motherhood and also in everyday rituals women's and men's relationship.

Additionally, media such as the internet and television, provide open access and exposure of adolescents with global lifestyles. It is evident that there are international movies and programmes which promote female and male relationships, in which contain sexual relationship outside of marriage as part of their relationship intimacy. Local assumption that access to movies and shows seems to have an impact on adolescents' behaviour and life style. During process of data collection, there was evidence that all adolescents participants have at least one smart phone with them which enabled them to access the internet. Adolescents therefore probably tended to imitate lifestyles that they have seen from the media including practising premarital sexual relationship. The finding is in line with previous research that shows exposure to sexual content from the media is linked to the initiation of adolescents in engaging in sexual relationship (Buerkel-Rothfuss, 2004; Semati, 2008).

Furthermore, as the desire of sexuality is a normal part of puberty amongst adolescents, the media also seems to increase the desire of sexuality via the visual and audio exposure related to sexual matters (Semati, 2008). Other research has reported that Indonesian adolescents were accessing internet websites to explore information related to sexuality matters (detailed explanation in this study background) (Panji, 2014). Media therefore also seems to be a part

of culture which is possibly contributing to adolescents' engagement in premarital sexual relationship among participants. According to Martinez (2013) the media is a major contributor to the cultural forms within society. Within the findings, it can also be seen that premarital sexual relationship which is out with Indonesian cultural expectations were practised by adolescent participants. Further research that aims to explore adolescents experiences related to how media influences their sexual practices and behaviour may be important to be conducted in order to provide research evidence which can be linked to adolescent pregnancy.

The findings suggest that male adolescents tried to influence their girlfriend to engage in sexual relationship and some female adolescents experienced emotional abuse when they refused. Therefore, to avoid abusive behaviour some female adolescents submissively accepted the requests of their boyfriends to initiate premarital sexual relationship and continued on demand. As Foucault (1991) argues that discipline is a mechanism of power that regulates the thoughts and behaviour of people. Findings show that some male adolescent participants disciplined their girlfriends with emotional abuse was more likely seen as a punishment for female adolescents (if they rejected a sexual relationship). Foucault (1982) in Hartmann (2003) also argues that individual power functions in every human relationship as a mechanism to influence individuals to behave in certain way. This mechanism together with adoption of Indonesian patriarchal culture that men are strong and they are expected to be decision makers, whilst women are followers and they are expected to please what men request (Vaezghasemi et al., 2014).

The power of an individual can also be seen throughout the findings. For example power struggling within adolescents' marriage as well as their decisions and plans to divorce. Power struggling within a marriage refers to efforts to compete, control and influence between a wife and husband (Amato and Previti, 2003; Randles, 2016). It is evident from the findings of this study that some adolescents were experiencing power struggle as a wife and husband. Some of them planned and decided to divorce and some of them tried to manage their marriage problems. Marriage can be considered as an institution where individuals' power is exercised between a wife and husband (Foucault, 1990; Kelly, 2013). When there is power imbalance between a wife and husband, it often leads to conflict within



marriage relationships. When this finding is applied to Foucault's theory of power and resistance (Foucault, 1991), the cases of power struggling which were experienced by adolescents seem to be a resistance to the power of each individual, either wife or husband when the power imbalance occurred.

Scholars also suggest that a micro level of a social body can be an individual within family, a family within society or it can also be a group in wider society groups (Karademir, 2013; Agis, 2016; Revel, 2017). The theory links with these study findings that both female and male adolescents had individual power which manifest in several findings, such as both females and males were initiating premarital sexual relationship as a point of growing their loving intimacy; they are also have initiation to address cultural expectations on role divisions within their marriage; and adolescents also experienced power struggling as they attempted to influence each other in their marriage relationship. The power of an individual therefore in line with the theory of Foucault that power operates at the most micro levels of social relations and it comes from everywhere (Foucault et al., 2000).

A unique finding in this thesis relates to the 'power of spirituality' as it appeared strongly throughout the experiences of adolescents. The findings show that power of culture and religion influenced Indonesian adolescents' spirituality during their pregnancy and their early parenthood. Spirituality is a source of power and it refers to an outlook on life, commitment and a personal relationship with God; spirituality also includes personal belief into God which provides reinforcement and fulfilment (Boyd-Franklin, 2003; Walsh, 2009). Other scholars argue that spirituality involves making sense of life situations, beliefs and standards that are cherished, experienced and an appreciation of a dimensions beyond the self. Such as relationship with God, a higher power or the environment, and an unfolding of life that demands reflection and experience (Martsof and Mickley, 1998; Tanyi, 2002; Clarke, 2006; Miner-Williams, 2006). Many adolescents expressed that their past behaviour (committing premarital sexual relationship) was 'dirty' behaviour. 'Dirt', contextually, means something that needs to be cleaned, whilst other scholars also mentioned that dirt is a pollution (Simpson et al., 2012). In the area of social psychology, 'dirt' or 'dirty' behaviour has been used as metaphorical language to represent actions or practices that are morally bad or wrong behaviour (Hughes, 1999; Crespo-

Fernandez, 2015). Ashforth and Kreiner (1999) and Hughes (1962) argue that the meaning of 'dirt' can be used both in the material and moral sense. The metaphoric word 'dirty' has been used widely in the theory and research related to sexuality, for example to describe 'prostitution', as 'dirty' work (Simpson et al., 2012). In some societies 'dirty' behaviour is a description of behaviour which is against cultural and religious norms within society (Ashforth and Kreiner, 1999; Simpson et al., 2012). In an Indonesian context, premarital sexual relationship is out-with cultural and religious values, adolescents in this study therefore seemed to view their past behaviour as dirty behaviour in contrast to the purity of God, which also reflects that their view is influenced by the power of culture and religion.

Adolescents also provided perspectives towards their relationship with God as well as their perspectives for considering right and wrong behaviours. Foucault (1991) helps to understand a metaphor of 'dirty behaviour' as a tool to describe a certain behaviour and practice, in which can be considered as a technology from people's knowledge. Technology has been used generally by Foucault to encompass broader meanings of a general collection of specific techniques in people's life (Foucault and Hurley, 1990), including materials or verbal (Foucault et al., 2000). This knowledge, which can also be considered as how power is operated and has been used to represent particular perspectives, conventions, and motivations. As such, in this study, the dirty behaviour represents the immorality of being engaged in premarital sexual relationship. This power then seemed to lead to the creation of a desire to conform to the norms of prohibition regarding to premarital sexual relationship among Indonesian society. In addition, this desire to confirm to norms, therefore, leads adolescents to sustain their own oppression voluntarily, through self-disciplining and self-surveillance. Self-monitoring among adolescents then seems to have been achieved in adolescents' current life practice and discourse. It can be seen that adolescents felt compelled to regulate their bodies to conform to norms by accepting the marriage which was initiated by their parents. Adolescents expressed their acceptance of what they "should" and "should not" do and to "confess" to God to any deviation from these norms. Additionally, accepted marriage, leaving

schools, adapting female and male roles were also evident of how power of culture and religion were diffused and adolescents also attempted to conform.

Confession can be defined as a written or spoken statement that people say when they feel guilty for committing something outside of expectations (Morrison, 2012; Rana et al., 2015). For example, findings suggest that the unplanned journey into pregnancy, marriage and parenthood drove participants to attempt the restoration of their relationship with God. It is also evident that their restoration of building their relationship with God led them to seek help from God. Adolescents also tried to cope as well as manage their life difficulties with their power of spirituality towards God. They believed God is their life goal which seems to suggest that they interpret and adopt their religious values. There is a Qur'an verse *"Seek forgiveness of your Lord and repent to Him, [and] He will let you enjoy a good provision for a specified term and give every doer of favour his favour. But if you turn away, then indeed, I fear for you the punishment of a great Day [Surat Hūd (11:3)]"* (Itani, 2014). Foucault's theory in Rabinow (2009) which suggest that spirituality is the method of the subject uses to transform him or herself in order to gain access to the forgiveness. When it is applied in this study, spirituality with God is the method among adolescents which is used to transform themselves to gain to forgiveness based on their religious expectations. Findings also show that adolescents considered God as their life goal and seeking help from God by praying. Some of them also expressed their optimism as they believe that God will help them to solve their problems.

The findings also indicated that participants considered their recent life difficulties as a punishment and a warning to get close to God, which led them to confess their past to God. Stigma, judgement, exclusion and other life difficulties which were experienced by adolescents were their life punishment. Foucault and Hurley (1979) argue that the history of our present is primarily conceived as a critical attitude towards the configuration of power relations given at a certain time. This theory can be seen from the findings that the participants viewed that rebellious behaviour was their history, which led them into their recent practice of confession. In addition, adolescents' spirituality with the God was powerful in that they developed feelings of optimistic and self-transformational. Literature related to spirituality suggest that orientation may manifest as a deeply ingrained

personal belief system, which may also be seen in individuals' personal practices (Murray and Ciarrocchi, 2007; Rabinow, 2009). It is evident that spirituality seems to influence adolescents' ability to cope with their recent life difficulties.

#### **7.4 Strengths and limitation of the study**

The strengths and limitations of the individual studies conducted in this research have been discussed in their individual chapters. This section discusses the strengths and limitations of the overall exploratory study that had been employed to obtain the aim of this research.

As the aim of this research was to explore Indonesian adolescents' reproductive practices and their experiences during pregnancy and early parenthood, thus, selecting exploratory qualitative study as the research design to achieve the aim was appropriate because it helped researcher to gained in-depth information from adolescents. Furthermore, having involved both female and male adolescents in this research is one of the strengths of the research. This is because data were generated directly from both female and male adolescents' own voices, not from other third parties such as parents or health providers. The benefit of having direct involvement of both female and male adolescents enabled the researcher to directly hear their own views, expressions and also insight experiences. Additionally, involving males as participants was also a strength of this study as the researcher therefore could compare and contrast between female and male experiences. Moreover, the use of one-to-one in depth interviews was also beneficial in exploring both female and male adolescents' experiences as they could express their experiences privately. The credibility, transferability, dependability, and confirmability were maintained during the research as can be seen detail in Chapter 3 and in the individual methods of study 2 (Chapter 5) and 3 (Chapter 6).

However, it should be acknowledged that, despite the strengths of the approach adopted, there are some limitations to be considered. Since this study is a reflection of adolescents' perspectives in only a single case study and at a particular place and time, the evidence of this research may not reflect the larger perspectives. Furthermore, since there were only a single public health centre and a single midwifery private clinic as research fields for collecting and

generating the data, therefore the findings would only reflect the experiences in those particular places. If there were more research fields, a wider spectrum of experiences may emerge. Additionally, it can be noted that interviews were in Bahasa Indonesia and some of the English translations were rephrased or made more understandable to the English speakers.

## **7.5 Originality**

The originality of the research is commonly associated with something truly novel or unique about the research (Gil and Dolan, 2015). Scholars have mentioned that originality is one important aspect that needs to be considered when conducting PhD research. This is primarily because originality results in the production of 'new knowledge', which can inform the topic area and discipline (Edwards, 2014; Gelling and Rodriguez-Borrego, 2014; Snowden, 2014; Gil and Dolan, 2015). In terms of this PhD research, originality has been considered and maintained, which is evident through the process of cross-cutting theories, methodologies and approaches. In the process of writing when quotations are used, the researcher has tried to put efforts into providing paraphrasing sentences, giving citations and also references in order to avoid plagiarism.

Furthermore, the qualitative systematic review facilitated a critical appraisal process and synthesis of included papers' findings and it also identified gaps which were subsequently addressed in study 2 and 3. For example, findings of the qualitative systematic review suggest that there were no included papers conducted in Indonesia exploring adolescent pregnancy experiences and no male participants were included. Therefore, the empirical component of this study 2 and 3 have been conducted in Indonesia and included male adolescent participants.

It is evident that this PhD research explored the experiences of Indonesian adolescents during their pregnancy and early parenthood with only had a small sample which qualitative research usually have, in a particular Indonesian context and group of people. However, this research contributes in providing knowledge, information, evidence and recommendations based on the current research findings which will be beneficial for further fellow researchers, education,

governments and institutions which are concerned about adolescents SRH matters, particularly adolescent pregnancy and parenthood.

Although some of the findings concerning adolescents' experiences of this empirical research have been echoed by the findings of the qualitative systematic review, there were unique findings such as specific male experiences regarding to the pregnancy and parenthood, role differences between female and male adolescents, adolescent marriage which were being initiated by families, spirituality which has a significant impact in this study and as well as different specific contexts and times where and when this study was conducted.

## **7.6 Implications of the research**

Do nothing and the problem will remain and probably increase given the trajectory. This means adolescents will often live in distress or divorce, with poor education and employment opportunities and have limited opportunity to contribute to the economy, have no opportunity to practicing breastfeeding appropriately and have unhappy lives which may impact on the children. The implication of these findings are to inform and shape policies that change practice as a means to reduce unplanned pregnancy. This could be done by improving SRH education amongst adolescents, improve access to contraceptive advice and contraceptives for adolescents whom engaged in sexual relationships, empower young people via education so they can make better choices regarding whether they want to engage in premarital sex or not, improve access to maternity services if pregnancy occurs including preparation for marriage and parenthood as well as support for breastfeeding, improve adolescents' skills in developing a relationship and better access to continued education to enhance employment opportunities so that ongoing dependency on their parents is not needed. The recommendation which follow suggest ways in which changes to policy that could inform a change in practice and empower adolescents to make better decisions.

## **7.7 Recommendations**

The following recommendations are made based on the findings of the thesis and the recommendations focus on strategies in order to strengthen the prevention of adolescent pregnancy, making SRH education and information easy to access

by adolescents, developing adequate care pathways when pregnancy occurred, and giving opportunity for adolescents to access to school or education. Additionally, recommendation for future research is also presented within this section.

### **7.7.1 Recommendations for practices**

- SRH education and information is one of adolescents' needs in order to prevent adolescent pregnancy. SRH clinics therefore should be youth friendly and easily accessible. These strategies can be considered:
  - SRH clinics in public health centres and schools need to be more innovative to gain adolescents' awareness about the services. For example by using mobile technology such as social media or App may also be effective as an alternative tool to gained SRH awareness amongst adolescents, SRH education and campaign. Smart phone was very popular and internet can be easily being accessed by adolescents.
  - Social media could also become one of strategy to improve adolescents' literacy about SRH health. A team to develop this SRH services programme could be initiated, such as including midwives for manual and online SRH materials and teachers as well as peers for raising adolescents' participation and awareness about the programme. Therefore adolescents could access both manual materials in clinics as well as online materials in the social media.
  - SRH education and curriculum in school may also need changes not to only focus on biological and anatomical reproductive organ, however, it may be more appropriate if it includes education related to preventing pregnancy, relationship which have high risk of adolescent pregnancy, and developing awareness about the disadvantages of adolescent pregnancy.
  - Contraception for unmarried people is still contradictive issues in Indonesian context. However, make contraception advices and accessible for adolescents who already engaged in sexual relationship may also need to be initiated. Therefore, research to explore public acceptances related to contraception for adolescents

who are already engaged in premarital sexual relationship is needed in order to understand the response of how public responses about ideation of contraception advices and contraception services for unmarried people.

- A care pathway is required when pregnancy occurs including maternal care, support for developing marriage relationship skill as well as parenting.
  - In terms of maternal care, a specific training about adolescents' maternal care for midwives need to be provided, this training would enable midwives to deliver the services specifically for adolescents.
  - Maternal care for adolescents also required a welcoming environment such as displaying poster about young parenthood in clinics' waiting room in order to make them to feel that they have a place for maternal care.
  - Maternal care for adolescents also need to be easily accessible, a home visit may also need to be considered. Holding maternal services in both clinics and home visit may be make wider accessibility for adolescents in obtaining maternal care.
  - Adolescents' maternal care need to consider adolescents' circumstances particularly when adolescent pregnancy is unplanned such as life difficulties which led to psychological distress. Therefore, maternal and perinatal mental healthcare also need to be provided for adolescents.
  - Support for developing marriage relationship skill as well as parenting skill is also needed amongst pregnant adolescents and their partner/ husband. For example by providing marriage and parenting courses in order to improve their knowledge and skill about managing marriage relationship and parenting.
  - Manual guideline for engaging marriage and parenthood specifically for adolescents can also be considered to help adolescents manage their life difficulties and adjustment for being wife and husband as well as parents.
  - Support for breastfeeding is needed to help adolescents being confident to practice it appropriately. Promoting and educating the



benefit of breastfeeding and the way to practice is needed to be provided. This may be also more beneficial to include their husband as well as their parents/ or parents in-law as findings show about interference of parents/ or parents in-law in breastfeeding practice.

- Pre-qualification of midwifery education is required to develop an awareness and understanding about pregnant adolescents and their partner's needs amongst midwifery students. Therefore, it would plausibly have impact on their attitudes towards adolescent pregnancy in their practice.
- Although this study was not designed to detect the poor outcome of adolescents pregnancy, wider literature explained that adolescents pregnancy has high risk of adverse outcome of maternal and child health. Therefore developing maternal care guideline specifically for adolescents which include detection of risks complication which may be experienced by adolescents needs to be considered.
- Inclusion in school for both female and male adolescents also could be an alternative for adolescents for them to sustained their life because education would probably make wider opportunity for them to access employment and subsequently they could become financially independent. The school inclusion could be applied by using strategies:
  - Giving opportunity for male adolescents to stay at the school.
  - Providing a class only for pregnant adolescents therefore they could also find peers.
  - Giving opportunity for adolescents to return back to school after delivery.
- Providing vocational skill training which meet with market requirement and opportunities in Indonesian context which enable adolescents to develop their skill would also benefit for adolescents in accessing employment. However, sufficient funds to apply their skill is also required.

### **7.7.2 Recommendation for research**

Future research to evaluate changes in practice shaped by policy suggested above would enable refinement of services targeted for adolescents. For example evaluation of SRH education via different modes e.g. smart phone application,

online sources, evaluating care pathway for pregnant adolescents and their partners; and evaluating programmes of school inclusion for pregnant adolescents and their partners. Further research related to appropriate models of maternal care services and parenting support for adolescents in Indonesia is needed in order to provide evidence for developing specific maternity and parenting support for adolescents.

## **7.8 Disseminations of the research**

A part of this research has already been disseminated in some conferences listed below.

1. A Astuti, J Hirst and K Bharj Exploratory study of Indonesian Adolescents' Reproductive Practices and their Experiences during Pregnancy and Early Parenthood: Methodology, Methods and Research Design: poster presentation Annual Conference of Faculty of Medicine, University of Leeds (2014).
2. A Astuti, J Hirst and K Bharj Exploratory study of Indonesian Adolescents' Reproductive Practices and their Experiences during Pregnancy and Early Parenthood: Methodology, Methods and Research Design: poster presentation: poster presentation Post Graduate Research Conference, School of Healthcare, University of Leeds (2014)
3. A Astuti, J Hirst and K Bharj Experiences of pregnant adolescents and their partner in Indonesia and other low-lower and middle-upper middle: A systematic review: oral presentation Post Graduate Research Conference, School of Healthcare, University of Leeds (2015)
4. A Astuti, J Hirst and K Bharj Experiences of pregnant adolescents and their partner in Indonesia and other low-lower and middle-upper middle: A systematic review: oral presentation ICM Asian Pacific Regional, Yokohama, (Japan 2016)
5. A Astuti, J Hirst and K Bharj Exploratory study of Indonesian Reproductive Practices and their Experiences during pregnancy: poster presentation Sexual Reproductive and Infant Psychologic Annual Conference, Leeds (2016)

6. A Astuti, J Hirst and K Bharj Exploratory study of Indonesian Reproductive Practices and their Experiences during early parenthood: poster presentation Triennial International Conference ICM, Toronto, Canada (2017)

Further dissemination will include publication in peer-reviewed journals i.e. synthesise of study 2 and 3 and also qualitative systematic review ( study 1). Presenting the summary of the key findings and recommendations of this research to policy makers including the Indonesian Ministry of Research, Technology and Higher Education, Indonesian Ministry of Health, Indonesian Midwifery Association, Indonesian Ministry for Social Affairs, Indonesian Ministry of Religious Affairs, Indonesian Ministry of Women's Empowerment and Child Protection, Indonesian Ministry of Youth and Sports, and the National Population and Family Planning Board (BKKBN); international and local NGO's which focused on adolescent pregnancy and SRH; and researcher and academic people across universities in local Indonesian and international.

## 7.9 Conclusion

Adolescent pregnancy and parenthood is considered a public health issue, particularly when it happens in countries with limited support for pregnant adolescents and young parents. This research has engaged to explore Indonesian adolescents' reproductive practices and their experiences during pregnancy and early parenthood by conducting exploratory qualitative research including a qualitative systematic review, an in-depth study of Indonesian adolescents' experiences during pregnancy, and an in-depth study of Indonesian young parents during their early parenthood. This research also has ethical considerations which have been implemented during the research process and the ethical approval was obtained from SHREC and also the Indonesian ethical board. The rigour of the study was maintained by considering credibility, transferability, dependability and confirmability during the process of this research.

Findings shows that power relations in society strongly influence adolescents' experiences during their unplanned pregnancy and their early parenthood. Therefore, the concept of Foucault related to power relations in society has been used as a lens to discuss the findings, counter and debate the adolescents'

experiences during pregnancy and early parenthood. Implications and recommendations for policies, practices and research were also drawn to offering thoughts based on the current evidence that may be beneficial for giving an alternative way of thinking about adolescent pregnancy and parenthood. Disseminations of this research includes presentations of findings in international and local conferences which was attended; a plan for publications of findings in peer-reviewed journals; and a plan of presentations of findings and recommendations for Indonesian policy makers, local and international NGO's and academic people.

### **7.10 Reflection after the process of data collection**

Researcher can confirm that the trainings which attended before data collection (detail in Chapter 1) were beneficial to help researcher applied research theories into practice. For example, at the beginning of the process of data collection, researcher always read training courses' materials attended to challenges that may be found during the interviews; and identified strategies to overcome them. The researcher found that some participants were open and willing to talk freely, but some were less willing to talk. The training courses' materials therefore were really beneficial on developing skills on data collection such as how to encourage people to talk during interviews.

This research was the researcher's first experience of conducting research under supervision from an overseas institution as all previous research were under Indonesian institution, therefore learnt about the ethical review process between the University of Leeds and Indonesian institutions. The detailed process of ethical application, ethical review and ethical approval were a benefit to develop research skills, particularly explaining to the reviewer how the data collection will be applied in an Indonesian context. In addition, in terms of engaging in the research field, the researcher gained very positive feedback for conducting research and for accessing a private meeting room for interviews. There was an assumption that participant recruitment may be challenging. However, there were adolescents who voluntarily participated in study 2 and 3. It may be because of they wanted to shared their experiences. During interviews with participants, I expected that female participants would be more open because there was no

gender differences, so I expected the usual openness between females within the community. There were some male participants who were less willing to talk, but, I also found that some male participants also talked freely and openly, as well as being able to take time to discuss their views with the researcher. It may be because of participants' characters or it may be because they have opportunity to share their real experiences through their pregnancy and early parenthood period.

As this was the first experiences of conducting qualitative research, I was really surprised by the extensive amount of data. I assumed that transcribing would not take a lot of time but then during the process I learnt that the transcription process was time-consuming in qualitative research. Additionally, as interviews were conducted in Bahasa Indonesia, English translations took time and needed to be discussed with the supervisory team and prepared for the thesis. I also learnt from the research findings about the experiences of adolescents being pregnant and parents that were not thoroughly understood before data was collected. The researcher had assumed that female adolescents were the most burdened people when pregnancy due to premarital sexual relationship occurred, but surprisingly the findings show that male adolescents also experienced a feeling of being burdened, life difficulties and challenges as well. Furthermore, the researcher was also surprised that some adolescents also mentioned that they preferred to live independently, rather than live with their parents. In fact, before the research has conducted, I assumed that married couple whom living with their parents were in the very comfort zone as they being supported by their parents. Moreover, I also assumed that the findings would be unique and very different with other previous research. However, after data analysis, writing-up as well as exploring theory of power I found that there are similar situations can also be found globally and seems applicable and relevant in other countries. For example, how power of culture influences people and family's perspectives and behaviour as well as individual self-regulation.

## **7.11 Summary**

This chapter has presented an overview of the research aim, integrated discussion of the main findings, strengths and limitations, and originality of the

studies. Furthermore, implications of the research, recommendations, disseminations, conclusions of the overarching research as well as reflection after data collection process have also been provided.

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# Appendix A : Proof of ethical approval

Faculty of Medicine and Health  
Research Office

University of Leeds  
Worsley Building  
Clarendon Way  
Leeds LS2 9NL  
United Kingdom

☎ +44 (0) 113 343 4361



UNIVERSITY OF LEEDS

08 January 2015

Mrs Andari Wuri Astuti  
PhD Student  
School of Healthcare  
Baines Wing  
University of Leeds, LS2 9JT

Dear Mrs Astuti

Ref no: SHREC/RP/459

**Title: An Exploratory Study of Indonesian Adolescents' Reproductive Practices and Their Experiences during Pregnancy and Early Parenthood**

Thank you for submitting your documentation for the above project. Following review by the School of Healthcare Research Ethics Committee (SHREC), I can confirm a favourable ethical opinion based on the documentation received at date of this letter.

| Document  | Version | Date Submitted |
|---|---------|----------------|
| Ethical Approval Application Form_Sbm1              | 1       | 14.10.14       |
| Information Sheet of Case Study of Young Father     | 1       | 14.10.14       |
| Information Sheet of Case Study of Young Mother     | 1       | 14.10.14       |
| Information Sheet of In Depth Study of Young Father | 1       | 14.10.14       |
| Information Sheet of In Depth Study of Young Mother | 1       | 14.10.14       |
| Informed Consent of Study                           | 1       | 14.10.14       |
| poster for recruitment                              | 1       | 14.10.14       |
| Topic Guideline                                     | 1       | 14.10.14       |
| Ethical Approval Application Form_Sbm1              | 1       | 16.10.14       |
| Ijin panel GK                                       | 1       | 16.10.14       |
| Ijin Penelitian Jogjja                              | 1       | 16.10.14       |
| Information Sheet of Case Study of Young Father1    | 2       | 12.11.14       |
| Information Sheet of Case Study of Young Mother     | 2       | 12.11.14       |
| Information Sheet of In Depth Study of Young Father | 2       | 12.11.14       |
| Information Sheet of In Depth Study of Young Mother | 2       | 12.11.14       |
| Informed Sheet for Parent                           | 2       | 12.11.14       |
| Interview Questions                                 | 1       | 12.11.14       |
| Low Risk Fieldwork RA form (1)                      | 1       | 12.11.14       |
| Parent Consent Form                                 | 1       | 12.11.14       |
| poster for recruitment                              | 2       | 12.11.14       |
| Response of SHREC review RP459                      | 1       | 12.11.14       |
| Fieldwork Assesment Risk                            | 1       | 08.12.14       |
| Interview Questions of Study 2                      | 2       | 08.12.14       |
| RESPONSE SHREC Reviewer Comments                    | 2       | 08.12.14       |
| Parent_consent Form                                 | 2       | 06.01.15       |

|                               |   |          |
|-------------------------------|---|----------|
| parent_informedsheet          | 2 | 06.01.15 |
| Participant Consent Form Rev1 | 2 | 06.01.15 |
| PIS_study2husband             | 3 | 06.01.15 |
| PIS_study2wife                | 3 | 06.01.15 |
| PIS_study3father              | 3 | 06.01.15 |
| PIS_study3mother              | 3 | 06.01.15 |

**Please be reminded that you need to comply with all Indonesian Ministry of Health governance requirements.**

Please notify the committee if you intend to make any amendments to the original research as submitted at date of this approval. This includes recruitment methodology and all changes must be ethically approved prior to implementation. Please contact the Faculty Research Ethics Administrator for further information [FMHUniEthics@leeds.ac.uk](mailto:FMHUniEthics@leeds.ac.uk)

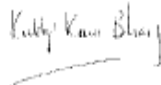
Ethical approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The SHREC takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.

*Please note:* You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, and other documents relating to the study. This should be kept in your study file, and may be subject to an audit inspection. If your project is to be audited, you will be given at least 2 weeks notice.

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

The committee wishes you every success with your project.

Yours sincerely



**Dr Kuldip Bharj, OBE**  
Chair, School of Healthcare Research Ethics Committee



**PEMERINTAH DAERAH DAERAH ISTIMEWA YOGYAKARTA  
SEKRETARIAT DAERAH**

Kompleks Kepatihan, Danurejan, Telepon (0274) 562811 - 562814 (Hunting)  
YOGYAKARTA 55213

**SURAT KETERANGAN / IJIN**

070/REG/109/10/2014

Membaca Surat : **KETUA STIKES AISIYIAH** Nomor : **1058/STIKES/AD/IX/2014**  
Tanggal : **25 SEPTEMBER 2014** Perihal : **IJIN PENELITIAN/RISET**

- Mengingat :
1. Peraturan Pemerintah Nomor 41 Tahun 2006, tentang Perizinan bagi Perguruan Tinggi Asing, Lembaga Penelitian dan Pengembangan Asing, Badan Usaha Asing dan Orang Asing dalam melakukan Kegiatan Penelitian dan Pengembangan di Indonesia;
  2. Peraturan Menteri Dalam Negeri Nomor 20 Tahun 2011, tentang Pedoman Penelitian dan Pengembangan di Lingkungan Kementerian Dalam Negeri dan Pemerintah Daerah;
  3. Peraturan Gubernur Daerah Istimewa Yogyakarta Nomor 37 Tahun 2008, tentang Rincian Tugas dan Fungsi Satuan Organisasi di Lingkungan Sekretariat Daerah dan Sekretariat Dewan Perwakilan Rakyat Daerah.
  4. Peraturan Gubernur Daerah Istimewa Yogyakarta Nomor 18 Tahun 2009 tentang Pedoman Pelayanan Perizinan, Rekomendasi Pelaksanaan Survei, Penelitian, Pendataan, Pengembangan, Pengkajian, dan Studi Lapangan di Daerah Istimewa Yogyakarta.

DIIJINKAN untuk melakukan kegiatan survei/penelitian/pendataan/pengembangan/pengkajian/studi lapangan kepada:

Nama : **ANDARI WURI ASTUTI, S.SIT., MPH** NIP/NIM : **07.01.072**  
Alamat : **STAF PENGAJAR PRODI D-III KEBIDANAN, STIKES AISIYIAH YOGYAKARTA**  
Judul : **SEBUAH STUDI EKSPLOKATORI TENTANG PERILAKU REPRODUKSI DAN PENGALAMAN REMAJA SELAMA PERIODE KEHAMILAN DAN AWAL MENJADI ORANG TUA PADA KASUS KEHAMILAN TIDAK DIINGINKAN (KTD)**  
Lokasi : **DINAS KESEHATAN DIY**  
Waktu : **8 OKTOBER 2014 s/d 8 JANUARI 2015**

**Dengan Ketentuan**

1. Menyerahkan surat keterangan/ijin survei/penelitian/pendataan/pengembangan/pengkajian/studi lapangan \*) dari Pemerintah Daerah DIY kepada Bupati/Walikota melalui institusi yang berwenang mengeluarkan ijin dimaksud;
2. Menyerahkan soft copy hasil penelitiannya baik kepada Gubernur Daerah Istimewa Yogyakarta melalui Biro Administrasi Pembangunan Setda DIY dalam compact disk (CD) maupun mengunggah (upload) melalui website [adbang.jogjapro.go.id](http://adbang.jogjapro.go.id) dan menunjukkan cetakan asli yang sudah disahkan dan dibubuhi cap institusi;
3. Ijin ini hanya dipergunakan untuk keperluan ilmiah, dan pemegang ijin wajib mentaati ketentuan yang berlaku di lokasi kegiatan;
4. Ijin penelitian dapat diperpanjang maksimal 2 (dua) kali dengan menunjukkan surat ini kembali sebelum berakhir waktunya setelah mengajukan perpanjangan melalui website [adbang.jogjapro.go.id](http://adbang.jogjapro.go.id);
5. Ijin yang diberikan dapat dibatalkan sewaktu-waktu apabila pemegang ijin ini tidak memenuhi ketentuan yang berlaku.

Dikeluarkan di Yogyakarta

Pada tanggal **8 OKTOBER 2014**

A.n Sekretaris Daerah

Asisten Perekonomian dan Pembangunan  
Ub.

Kepala Biro Administrasi Pembangunan



**Tembusan :**

1. GUBERNUR DAERAH ISTIMEWA YOGYAKARTA (SEBAGAI LAPORAN)
2. WALIKOTA YOGYAKARTA C.Q DINAS PERIJINAN KOTA YOGYAKARTA
3. DINAS KESEHATAN DIY
4. KETUA STIKES AISIYIAH, STIKES AISIYIAH YOGYAKARTA
5. YANG BERSANGKUTAN





PEMERINTAH KABUPATEN GUNUNGKIDUL  
KANTOR PENANAMAN MODAL DAN PELAYANAN TERPADU  
Alamat : Jl. Brigjen. Katamso No.1 Wonosari Telp. 391942 Kode Pos : 55812

**SURAT KETERANGAN / IJIN**  
Nomor : 653/KPTS/X/2014

Membaca : Surat dari STIKES Aisiyiah Yogyakarta, Nomor : 1057/Stikes/Ad/IX/2014 ,  
hal : Izin Penelitian

Mengingat : 1. Keputusan Menteri dalam Negeri Nomor 9 Tahun 1983 tentang  
Pedoman Pendataan Sumber dan Potensi Daerah;  
2. Keputusan Menteri dalam Negeri Nomor 61 Tahun 1983 tentang  
Pedoman Penyelenggaraan Pelaksanaan Penelitian dan  
Pengembangan di lingkungan Departemen Dalam Negeri;  
3. Surat Keputusan Gubernur Daerah Istimewa Yogyakarta Nomor  
38/12/2004 tentang Pemberian Izin Penelitian di Provinsi Daerah  
Istimewa Yogyakarta;

Dijinkan kepada :  
Nama : **ANDARI WURI ASTUTI NIM : 0701072**  
Fakultas/Instansi : - / STIKES Aisiyiah Yogyakarta  
Alamat Instansi : Jl. Ring Roas Barat No.63 Milang, Nogotirto, Gamping, Sleman  
Alamat Rumah : Serut, Beji, Ngawen, Gunungkidul  
Keperluan : Ijin penelitian dengan judul " SEBUAH STUDI EKSPLORATORI TENTANG  
PERILAKU REPRODUKSI DAN PENGALAMAN REMAJA SELAMA PERIODE  
KEHAMILAN SAMPAI AWAL MENJADI ORANGTUA PADA KASUS  
KEHAMILAN TIDAK DI INGINKAN (KTD )

Lokasi Penelitian : UPT Puskesmas I Saptosari Kab. Gunungkidul  
Dosen Pembimbing : --  
Waktunya : Mulai tanggal : 01/02/2015 sd. 01/04/2015  
Dengan ketentuan :

Terlebih dahulu memenuhi/melaporkan diri kepada Pejabat setempat (Camat, Lurah/Kepala  
Desa, Kepala Instansi) untuk mendapat petunjuk seperlunya

1. Wajib menjaga tata tertib dan mentaati ketentuan-ketentuan yang berlaku setempat
2. Wajib memberi laporan hasil penelitiannya kepada Bupati Gunungkidul (cq. BAPPEDA Kab.  
Gunungkidul).
3. Ijin ini tidak disalahgunakan untuk tujuan tertentu yang dapat mengganggu kestabilan pemerintah dan  
hanya diperlukan untuk keperluan ilmiah.
4. Surat ijin ini dapat diajukan lagi untuk mendapat perpanjangan bila diperlukan.
5. Surat ijin ini dibatalkan sewaktu-waktu apabila tidak dipenuhi ketentuan-ketentuan tersebut diatas.  
Kemudian kepada para Pejabat Pemerintah setempat diharapkan dapat memberikan bantuan  
seperlunya.

Dikeluarkan di : Wonosari  
Pada Tanggal 15 Oktober 2014  
An. BUPATI GUNUNGKIDUL



Tembusan disampaikan kepada Yth.

1. Bupati Kab. Gunungkidul (Sebagai Laporan);
2. Kepala BAPPEDA Kab. Gunungkidul;
3. Kepala Kantor KESBANGPOL Kab. Gunungkidul;
4. Kepala Dinas Kesehatan Kab. Gunungkidul;
5. Kepala UPT Puskesmas I Saptosari Kab. Gunungkidul;

## Appendix B : Example of Search Outline

### 1. ASSIA

((adolescent\* OR (teen\* OR teenager\*) OR (youth OR young father\*) OR (young mother\* OR young parent\*) OR (young boy\* OR young girl\*)) AND (pregnant\* OR pregnanc\* OR primigravida\* OR antenatal OR prenatal)) AND (experience\* OR perspective\* OR perception\* OR view\*) : 418

### 2. Medline

| 3. #<br>▲ | Searches  | Results |
|-----------|---|---------|
| 1         | adolescent*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]   | 959115  |
| 2         | teen*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]         | 15096   |
| 3         | teenager*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]     | 7103    |
| 4         | young girl*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]   | 1686    |
| 5         | young boy*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]    | 814     |
| 6         | young mother*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier] | 536     |
| 7         | young father*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier] | 66      |
| 8         | young parent*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier] | 132     |
| 9         | youth.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]         | 31573   |
| 10        | 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9   | 968063  |
| 11        | pregnant*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]     | 79141   |
| 12        | pregnanc*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]     | 364377  |

| 3. #<br>▲ | Searches  | Results |
|-----------|---|---------|
| 13        | primigravida*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier] | 1620    |
| 14        | antenatal.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]     | 16090   |
| 15        | prenatal.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]      | 84305   |
| 16        | 11 or 12 or 13 or 14 or 15  | 387236  |
| 17        | experience*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]   | 483619  |
| 18        | perspective*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]  | 137146  |
| 19        | perception*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]   | 209981  |
| 20        | view*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]         | 213419  |
| 21        | 17 or 18 or 19 or 20  | 947762  |
| 22        | 10 and 16 and 21  | 1564    |
| 23        | limit 22 to yr="2004 -Current"  | 886     |



## Appendix C : World Bank Classification List

| Upper Middle Income            | Lower-Middle Income   | Low Income               |
|--------------------------------|-----------------------|--------------------------|
| Albania                        | Angola                | Afghanistan              |
| Algeria                        | Armenia               | Bangladesh               |
| American Samoa                 | Belize                | Benin                    |
| Antigua and Barbuda            | Bhutan                | Burkina Faso             |
| Argentina                      | Bolivia               | Burundi                  |
| Azerbaijan                     | Cameroon              | Cambodia                 |
| Belarus                        | Cape Verde            | Central African Republic |
| Bosnia and Herzegovina         | China                 | Chad                     |
| Botswana                       | Congo, Rep.           | Comoros                  |
| Brazil                         | Côte d'Ivoire         | Congo, Dem. Rep.         |
| Bulgaria                       | Djibouti              | Eritrea                  |
| Chile                          | Ecuador               | Ethiopia                 |
| Colombia                       | Egypt, Arab Rep.      | Gambia, The              |
| Costa Rica                     | El Salvador           | Ghana                    |
| Cuba                           | Georgia               | Guinea                   |
| Dominica                       | Guatemala             | Guinea-Bissau            |
| Dominican Republic             | Guyana                | Haiti                    |
| Fiji                           | Honduras              | Kenya                    |
| Gabon                          | India                 | Korea, Dem. Rep.         |
| Grenada                        | Indonesia             | Kyrgyz Republic          |
| Iran, Islamic Rep.             | Iraq                  | Lao PDR                  |
| Jamaica                        | Jordan                | Liberia                  |
| Kazakhstan                     | Kiribati              | Madagascar               |
| Lebanon                        | Kosovo                | Malawi                   |
| Libya                          | Lesotho               | Mali                     |
| Lithuania                      | Maldives              | Mauritania               |
| Macedonia, FYR                 | Marshall Islands      | Mozambique               |
| Malaysia                       | Micronesia, Fed. Sts. | Myanmar                  |
| Mauritius                      | Moldova               | Nepal                    |
| Mayotte                        | Mongolia              | Niger                    |
| Mexico                         | Morocco               | Rwanda                   |
| Montenegro                     | Nicaragua             | Sierra Leone             |
| Namibia                        | Nigeria               | Solomon Islands          |
| Palau                          | Pakistan              | Somalia                  |
| Panama                         | Papua New Guinea      | Tajikistan               |
| Peru                           | Paraguay              | Tanzania                 |
| Romania                        | Philippines           | Togo                     |
| Russian Federation             | Samoa                 | Uganda                   |
| Serbia                         | São Tomé and Príncipe | Zambia                   |
| Seychelles                     | Senegal               | Zimbabwe                 |
| South Africa                   | Sri Lanka             |                          |
| St. Kitts and Nevis            | Sudan                 |                          |
| St. Lucia                      | Swaziland             |                          |
| St. Vincent and the Grenadines | Syrian Arab Republic  |                          |
| Suriname                       | Thailand              |                          |
| Turkey                         | Timor-Leste           |                          |
| Uruguay                        | Tonga                 |                          |
| Venezuela, RB                  | Tunisia               |                          |
|                                | Turkmenistan          |                          |
|                                | Tuvalu                |                          |
|                                | Ukraine               |                          |
|                                | Uzbekistan            |                          |
|                                | Vanuatu               |                          |
|                                | Vietnam               |                          |
|                                | West Bank and Gaza    |                          |
|                                | Yemen, Rep.           |                          |

## Appendix D : Example of Pre Screen Tool Framework Used

| Title/ Author/ Year  | Population<br>(ADOLESCENTS) |    | EXPOSURE<br>(PREGNANCY) |    | OUTCOME<br>(EXPERIENCE,<br>PERSPECTIVE, VIEWS) |    | STUDY DESIGN<br>(QUALITATIVE<br>STUDIES AND<br>STUDIES<br>REPORTED<br>EXPERIENCE IE;<br>SURVEY) |    | CONCLUSION (INCLUDE,<br>BACKGROUND OR<br>REJECTED)        |
|--|-----------------------------|----|-------------------------|----|--|----|---|----|---|
|  | Yes                         | No | Yes                     | No | Yes  | No | Yes   | No |   |
| Aboriginal Adolescents' Pregnancy in Eastern Taiwan (Tsai and Wong, 2004)  | ✓                           |    | ✓                       |    | ✓  |    | ✓   |    | Used as background as the data collected in 2002.         |
| Meanings attributed to fatherhood by adolescents (Sampaio et al, 2014)   | ✓                           |    | ✓                       |    | ✓  |    | ✓   |    | Abstract was in English but full papers was in Portuguese |
| The timing of marriage and childbearing among rural families in Bangladesh: Choosing between competing risks (Schuler et al, 2005) | ✓                           |    | ✓                       |    | ✓  |    | ✓   |    | Used as background as the data collected in 2002.         |
| Adolescent Pregnancy in Argentina: Evidence-Based Recommendations for Public Policies (Gogna et al, 2008)                          | ✓                           |    | ✓                       |    | ✓  |    | ✓   |    | Used as background as the data collected in 2003.         |

## Appendix E : Example of the data extraction of qualitative findings

| Standard data quotesion form  |
|---|
| <p><b>Article 1</b></p> <p><b>Title :</b> Relationships, perceptions and the socio-cultural environment of pregnant teenagers in Soshanguve Secondary School</p> <p><b>Author:</b> Maholo et al (2009)</p> <p><b>Country:</b><br/>South Africa</p> <p><b>Aims of study</b><br/>To determine the teenagers' patterns of relationships, perceptions towards their pregnancy and lives and describe the role of their socio-cultural environments in their pregnancies.</p> <p><b>Ethics – how ethical issues were addressed</b><br/>Written permission to conduct the study was sought and obtained from the Ethics Committee of Tshwane University of Technology and authorities of the healthcare centres in Soshanguve. Rights of participants were respected throughout the study. Informed consent, anonymity, confidentiality were also maintained. Participants were informed about their rights to withdraw at any time of the study without any victimisation whatsoever.</p> <p><b>Study setting</b><br/>The study was in sub urban areas. The majority of participants (83.3%; n=25) were in the 17-20 year age group. Most were pursuing their studies at secondary schools in Soshanguve while some had just left school due to their pregnancies. Almost all the participants (96.7%; n=29) were primigravidae with most (70.0%; n=21) having had their menarche at the age of 14 or younger.</p> <p><b>Theoretical background of study</b><br/>Nursing health promotion</p> <p><b>Sampling approach</b><br/>30 participants identified from Primary Healthcare (PHC) catchment area of Soshanguve. There is no statement related to reason of using methodology and methods of this study.</p> <p><b>Participant characteristics</b><br/>There is inclusion of criteria to be participants. However, the author did not mention how they were selected and why they were selected. Author also did not explain how many participants were excluded and criteria for exclusion. The following points are inclusion criteria of participants:</p> <ul style="list-style-type: none"> <li>• Between 14-20 years of age</li> <li>• Willing to participate</li> <li>• Using specific PHC clinic for antenatal or post natal care</li> <li>• In a Soshanguve secondary school or had left school within the preceding six months due to pregnancy</li> </ul> <p><b>Data collection methods</b><br/>Semi structured interview with specific themes to be explored and it is audio recorded. The interviews were in a private room at the Primary Healthcare Clinic. The role of author in the data collection is not stated in the article. The role of the author was as a main researcher. In this study, author did not explain how data saturate.</p> <p><b>Data analysis approach</b><br/>Data were analysed by using open coding and the template analyzed style. Descriptive analysis was used to identify themes and subthemes. An acknowledged approach to qualitative data analysis is using the template which the narrative data are applied. The units of the template for the study were the themes of the interview. An independent coder was involved to reduce bias and a consensus meeting was held between the researcher and the independent coder to determine inter-coder variability.</p> <p><b>Key themes identified in the study (1<sup>st</sup> order interpretations)</b><br/>Experience of menarche, relationships, knowledge and perceptions about their pregnancies, socio-cultural norms and teenagers' environment and vision of the future.</p> <p><b>Data quotes related to the key themes</b></p> <ul style="list-style-type: none"> <li>• Experience of menarche <ul style="list-style-type: none"> <li>a. Knowledge and perception about menstruation</li> </ul> </li> </ul> |

- "I started to menstruate at 13 years. I knew nothing about menstruation. I was embarrassed and reported to my mother. She just said I must menstruate because I am a girl and added that I must go to the clinic for prevention because if I can sleep with a boy, I will fall pregnant".
- b. Emotional responses to menstruation  

"I still remember when I started to menstruate at 14 years. I was so anxious and even felt like committing suicide. What made matters worse was I was going to write an examination at twelve o'clock that day and I just did not know what to do. I was uncomfortable throughout the exam and just passed by luck.
- Relationships
  - a. Age of sexual debuts and durations of relationships  
21 participants initiated sexual relationships from 15-17 years of age, 10 participants had their sexual debuts at 14 years of age. 21 participants started their sexual debuts when they had started menstruating.
  - b. Knowledge and perceptions about relationships  

"I just felt ready for the relationship and to love someone intimately. I was never pushed into having sex, but I wanted to experience it".

"I started to fall in love when I was 15 years old. I was surprised to discover that I am pregnant after three months of the affair."
  - c. Partners and outcomes of the relationships that resulted in these pregnancies  

"Since I started, this is my third boyfriend. I separated with the first one because he was having an extra affair. He claimed to be having a lot of homework and suddenly had excuses to see me. We separated without notifying each other. The present one is responsible for this pregnancy but he denies the pregnancy saying that he does not believe the pregnancy is his. My family went to meet his parents but his mother protected him saying he has a child already with another girl. He also refused to acknowledge that pregnancy".
- Knowledge and perceptions about their pregnancies
  - a. Knowledge related to pregnancy and information received during antenatal-care  

"I don't know anything about pregnancy. I just got to know that I am pregnant after telling my friend that I have missed my period. I even took some purgatives to cleanse my stomach as I was feeling sick"

Another stated:

"I know that a person fall pregnant after sexual contact. That's the only thing I know and after there is no menstruation during pregnancy."
  - b. Knowledge and perception about contraceptives  

"The pills need extra carefulness. I used Nur Isterate once and felt dizzy and developed sores on my buttocks. My face was swollen and I decided not to use it any more. I also know condoms prevent illness and pregnancy. I once used them and my partner started to refuse them as he felt they were too tight for him."

"I am not sure whether my partner forgot to use a condom or not."
- Socio-cultural norms and teenagers' environment
  - a. Reactions from family members  

"My parents said according to their culture, they accept my baby, but emphasized that I should have matured first and completed my studies."

"My mother always says that the old initiation schools for both girls and boys were helpful in teaching and preparing youth for adulthood. Now things have changed and it is not easy to talk to your children about all these sexuality issues."
  - b. Individual beliefs  

"I am now happy as I wanted a baby desperately. My boyfriend is 28 years and is working and supports me and my baby."

"I should have listened to my mom when she advised me to use contraceptives to protect myself. I refused as I did not want her to know that I was having a boyfriend and that we were engaging in sex. I have a baby and I can hardly provide anything for her. I depend on my family for everything"
- Vision of the future.  

"I can now advise teenagers to abstain or use condoms. The best thing is to abstain."

"if they are pregnant they must eat the right diet and test for HIV to save their children. They must never do abortion because the baby has the right to live as they are also living"

**Author explanations of the key themes (2<sup>nd</sup> order interpretations)**

- Experience of menarche
  - a. Knowledge and perception about menstruation

The findings indicate parents' inappropriate communication with their daughter about the developmental changes and realities of life. Mother could share false or vague information with their daughter regarding sexuality issues.
  - b. Emotional responses to menstruation

Expressing emotional experiences towards menstruation is natural and acceptable. It becomes a concern when young girls are not adequately informed or prepared for menstruation as they become negative and may not know what to do or how to behave. Lack of appropriate information may also lead to adolescents' vulnerability to risky sexual behaviors. From the study, it became evident that mothers or grandmothers provided statements or instruction without explanations.
- Relationships
  - a. Age of relationships

From the findings, it appears as though the length of relationships did not influence the initiation of sexual relationships. Almost all participants were involved in relationships, though not necessarily with the fathers of their babies, at the time of the study.
  - b. Knowledge and perceptions about relationships

|  |  |
|--|--|
|  | <p>From the most participants, being in a relationship implied having a sexual relationship. Some participants were able to choose whether to take the relationship to a sexual level or not. However, some participants were reportedly harassed and beaten by their boyfriends for refusing to engage in sex.</p> <p>c. Partners and outcomes of the relationships that resulted in these pregnancies<br/>All participants admitted to having multiple partners thought not all were sexual partners</p> <ul style="list-style-type: none"> <li>• Knowledge and perception about their pregnancies <ul style="list-style-type: none"> <li>a. Knowledge related to pregnancy and information received during antenatal care<br/>It is important that adolescents are informed about pregnancy and the changes taking place within their bodies during pregnancy so as to take necessary steps and obtain antenatal healthcare. Participants who had attended antenatal clinics indicated that they were informed about what to report during the pregnancy, the importance of antenatal visits, post natal check ups and HIV prevention of mother to child.</li> <li>b. Knowledge and perceptions about contraceptives<br/>Though condoms are still an option, both parties must take joint responsibility for their consistent and correct use. Additionally, consistent condom use must be the responsibility of both and not be left to males only.</li> </ul> </li> <li>• Socio cultural norms and teenagers environment <ul style="list-style-type: none"> <li>a. Reactions from family members<br/>The findings indicated that parents or family members were concerned about their adolescents becoming pregnant but not all understood their own roles in preventing the possibility due to limitation and cultural barriers.</li> <li>b. Individual belief, practices and reactions regarding pregnancy<br/>Pregnant teenagers and teenage mothers had mixed feelings about their pregnancies. Some were relieved expressing joy and acceptance of their babies, whilst others regretted feeling worthless and betrayed</li> </ul> </li> <li>• Vision in the future<br/>Most participants intended to return to school, leaving their babies with their grand mothers. Some felt hopeless, discourage and desperate. One of the participant stated that she would not go back to school because she had added another responsibility to her mom who is helpless. One of the participants saw a problem in coping with studies and caring for a baby at the same time.</li> </ul> |
|  | <p><b>Recommendations made by authors</b></p> <ul style="list-style-type: none"> <li>• Both pedagogical and andragogical educational strategies must be used to educate adolescents, families and communities regarding sexual issues</li> <li>• Educational content should include the menarche, reproductive functions, reproductive health, sexuality and sexual relationships and contraception.</li> <li>• The variability of the socio-cultural environment of adolescents in South Africa must receive attention to prepare the future registered nurse to deal with adolescents.</li> <li>• Evidence must be gathered to use as a starting point of interventions, informing adolescents, families and communities about adolescent pregnancies.</li> <li>• The recommended early age of then at which education should commence needs to be considered so that intervention are timely to enable adolescents to make informed decisions about their pregnancies.</li> </ul> <p><b>Assessment of study quality: B</b></p>  |
|  | <p><b>Article 2:</b></p> <p><b>Title: Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra Ghana: a qualitative study</b></p> <p><b>Author: Gyesaw and Ankomah (2013)</b></p> <p><b>Country</b><br/>Ghana</p> <p><b>Aims of study</b><br/>To explore experiences of adolescent mother during pregnancy, childbirth and care of their newborns</p> <p><b>Ethics – how ethical issues were addressed</b><br/>Written informed consent and verbal consent were sought from participants. Permission was also obtained from parents and guardians. Participants were assured of confidentiality. Ethical approval for the study was given by the Ghana Health Service ethical review board.</p> <p><b>Study setting</b><br/>The study was conducted in Ga East Municipality, a suburb of Accra, Ghana's capital city. There was a mixture of participants who understood and spoke both Ga and Twi and a mixture of Christians and Muslims. In terms of parity, the participants were all mothers of at least one child</p> <p><b>Theoretical background of study</b><br/>Public health particularly Sexual Reproductive Health</p> <p><b>Sampling approach</b><br/>54 participants were identified from healthcare facilities and community level. A nurse volunteer compiled a list of adolescent mother and some mothers were traced who in turn by using snowballing techniques. In community level, community</p>   |

gatekeepers were employed to ensure that the study included teenage mothers who may not have attended health facilities. Snowballing techniques sampling employed to recruit next potential participants. The identified study participants were visited at home by the female co-author. A brief explanation of the study objectives was given to both parents and other adult guardians. The home visits were done to help establish rapport and build confidence among parents, guardians, and the investigator. During the home visits, dates and venues for focus groups and indepth interviews were also discussed. Upon arriving at a consensus, telephone calls were made to each of the participants to confirm the time, place, and date for the discussion or interview. The author mention about research design, however, there is no justification why exploratory qualitative study was used.

#### **Participant characteristics**

Adolescent mothers aged 14-19 years living alone or with their parents or guardians. There is no statement related why the participants selected and how many adolescents were excluded.

#### **Data collection methods**

Focus group discussions consist of 6-9 participants each group for about an hour and recorded. A moderator is a nurse who previously had experiences on working with adolescents and a note taker was also employed in every session of FGD. With regard to the in depth interviews, six respondents were recruited from the health facility during special clinic days set aside for mothers, while three respondents were recruited from the community to reflect mothers who do not have access to health facilities. An interview guide, based on topics similar to the focus group discussions, was used to conduct the in depth interviews. In this study, author did not explain how data saturate.

#### **Data analysis approach**

Thematic analysis was used to identified sub themes and themes from the transcription. Coding was done manually based on key words and phrases developed from the data. The codes were then grouped together under higher order headings. These themes were categorized according to experiences in relation to pregnancy, childbearing and childcare and parental view reactions. The researcher then sorted the data thematically by clustering together material with similar content. At this stage, the researcher employed creative and analytical reasoning to determine categories of meaning.

#### **Key themes identified in the study (1<sup>st</sup> order interpretations)**

- Reasons for becoming pregnant
- I am pregnant
- Reactions from parents
- Partner reaction
- Option of abortion
- Adolescents in labor
- First sight of the baby
- Caring for the baby

#### **Data quotes related to the key themes**

- Reasons for becoming pregnant
  - a. Transactional sex
    - "I was in school and I had to pay my exam fees....I needed money. Then this boy expressed interested in me. He helped me on more than two occasions, which landed me with a pregnancy" (17 years old)*
    - "I was in school and my mother said she had no money for me. The man said he would take care of me, but then there was a pregnancy, then a child and then this second pregnancy" (17 years old)*
    - "He lured me into getting pregnant. He conned me with sweet talk and gifts" (15 years old)*
    - "My mother has money but she does not give me any, not even basic needs for a normal girl. Then I went to watch TV and met my boyfriend who promised to look after me.....then I became pregnant." (18 years old)*
  - b. Adolescent sexual experimentation
    - "I was very stubborn. I had no financial problems. I created that problem. I could have turned down the boy's proposal, but I did not. He became my boyfriend and made me pregnant." (19 years old)*
  - c. Lack of sex education
    - "We were both young and had just started a relationship, we did not know anything. We were experimenting, which resulted in the pregnancy." (16 years old)*
  - d. Wanted to be adolescent mom
    - "My boyfriend made me pregnant. I was aware of everything. I was aware of it. I just wanted. I am ready." (19 years old).*
- I am pregnant
  - "I was not expecting anything. I did not know I was pregnant. It was my mother who realized I was pregnant because I was vomiting all the times but still menstruating" (16 years old)*
  - "I did not know, but when I realized it, it was very late. It was 6 months old and I was still menstruating" (17 years old)*
  - "I started vomiting and spitting, then realized something was inside." (19 years old)*
  - "I was living with my auty, who realized that my attitude towards the usual household chores had changes. It was not until two months later when my menses was not coming that I accepted I was pregnant." (16 years old)*
  - "When the month came for me to have my menses, it did not come and when the time elapsed for about two days, I went to get a pregnancy test. The result come out positive." (19 years old)*
  - "When I was to have my menses that month, it did not come and I knew what was wrong." (17 years old)*
- Reactions from parents
  - "I was living with my mother before the pregnancy and she really reprimanded me for getting pregnant. Mother was really upset and depressed. She fumed at me that she spent millions on your education and now this has happened."*

*"My dad was very angry. He did not talk to me for about three months. My mother had to go to talk to him on my behalf before he forgave me." (18 years old)*  
*"My parents were very upset with me because they thought with the pregnancy that I would not go back to school."*  
*"My mother had no problem as she needed grandchildren. She had no problem at all." (19 years old)*

- Partner reaction  
*"My partner was calm with the news. He said he was going to inform his family. Later, my Dad sent a delegation to his people. They readily accepted (the pregnancy)." (19 years old)*  
*"My partner wanted to marry me but I had been preventing him because I wanted to complete my apprenticeship. This made it easy for him." (18 years old)*  
*"He denied responsibility for the pregnancy". (15 years old)*
- Option of abortion  
*"My mother warned me not to abort, that she would support me until I delivered." (16 years old)*  
*"My parents wanted me to abort the pregnancy, but when we went to check the gestation of the pregnancy, it was too old for an abortion." (16 years old)*  
*"My partner was strongly against abortion. He told me that, where he comes from, it is taboo to commit abortion and whoever tries it dies." (18 years old)*  
*"I told my partner and he asked me what I wanted to do. He brought me some medicine for an abortion, but the pregnancy, wouldn't abort. He even went to the extent of giving me akpeteshie (local gin), but still no abortion." (19 years old)*
- Adolescents in labor  
*"I toileted too much during labor. So when I delivered, I said Oh Thank god." (19 years old)*  
*"Labor was difficult and painful. I kept crawling on the floor. Whoever says that labor is easy is lying." (18 years old)*  
*"I had stomach upset...it was labor. I had to walk for about 3 miles to the health center. I was a good decision, as my mother had gone to work. Five minutes after getting there, I delivered. The least bit of delay and I would have delivered on the way." (18 years old)*
- First sight of the baby  
*"After delivery when my son was handed over to me, I looked into his face. I remembered the suffering and said Wow I want give birth again. I was teased until I left the health facility." (18 years old)*  
  
*"I had no regret about carrying the pregnancy to term. I was very glad to have had the baby. Even sometimes when I am at home and I look at my baby. I become so happy because there are people out there, who have money, who want what I have but cannot." (19 years old)*  
*"I had no regret for having the baby...so relieved. The baby was shown to me; I was alive to see my child." (16 years old)*  
*"I was hurt with regard to my education. I was so glad when I saw my baby, I had no regret...no one can tell what the child will do for me in the future." (18 years old)*
- Caring for the baby  
*"My mother took the child from me so I could go back to school. With regards to caring to care for the child, it is my mother's duty." (14 years old)*  
*"I was not feeling well after delivery so it was my mother who did everything for us. She only brought her to me to suckle." (18 years old)*  
*"My aunty has been so good to my child and myself. She bought the baby's clothes and all that the baby needed, she got them." (16 years old)*  
*"I had no problem at all. My boyfriend provided for all our needs and my mother also helped in caring for the baby." (16 years old)*  
*"My partner was and continues to be supportive in the care of the child." (19 years old)*

#### **Author explanations of the key themes (2<sup>nd</sup> order interpretations)**

- Reasons for becoming pregnant
  - a. Transactional sex  
 For about half the young mothers, the sexual encounters that resulted in their pregnancy were the result of transactional sex. Many narrated the financial challenges they faced and how they felt they could exchange sex for material gains; many of their parents and other relatives could not or would not provide the basic needs of adolescents.
  - b. Adolescent sexual experimentation  
 A few of participants accepted responsibility and admitted that they became too difficult for their mothers control. They want their own way experiment by engaging sex. They felt it was a stage in the life of an adolescent, a period where most adolescents turn rebellious and do not listen to counsel. They preferred to explore and take advice from peers and not from parents.
  - c. Lack of sex education  
 In each discussion group, there were young adolescents who mentioned that they were naïve and did not know anything about the implications sexual relationship; they did not know they could become pregnant.
  - d. Wanted to be adolescent mum  
 A few of adolescents mentioned that they chose to become pregnant and that they had always wanted to have children early in life. They explained that they wanted to prove they were mature and felt pregnancy enhance their societal value, because it is socially demanded that pregnant women be respected.
- I am pregnant  
 The majority of participants did not know they were pregnant and did not expect their pregnancy. A few of them were still menstruating during the first semester. It was their parents and guardians who first noticed the pregnancy. Many of the participants, however, knew they were pregnant after missing their menstrual period.
- Reactions from parents  
 The greatest fear of most of the participants was that of how their parents would react upon hearing about the pregnancy. The majority of respondents indicated their parents or guardians were not happy on learning that they

were pregnant. To many parents, the pregnancies came as a surprise. Parental reaction varied. Nearly all parents were upset and some were shocked. However, in a rare situation parent had no problem accepting the pregnancy.

- **Partner reaction**  
Most of the participants mentioned the reactions of their partners when they told them of the pregnancies were positive. In a few cases, however, partners flatly denied they were responsible for the pregnancy.
- **Option of abortion**  
More than half of the participants noted that abortion was discussed as a way out. While nearly all parents advised the teenagers not to consider abortion, others mentioned parents who wanted to facilitate abortion. Many reported that while their partners were against abortion for fear of complications that might lead to death, a few others tried unsuccessfully to abort the pregnancy.
- **Adolescents in labor**  
Almost all the participants testified to the pain that came with labor.
- **First sight of the baby**  
Most of the participants had no regrets about carrying the pregnancy to term. Upon seeing the newborn for the first time, nearly all participants mentioned that the pain and suffering vanished.
- **Caring for the baby**  
Regarding the level of care the adolescent mothers gave to their newborns, nearly all the adolescents had some assistance from their family in caring for their child. In nearly all cases, the young mothers were supported by their mothers or other older family members. Many admitted that because they lacked parental skills, they could not have coped on their own.

#### **Recommendations made by authors**

Solutions to the holistic problems of the adolescent mother cannot be found in the activities of a single individual or service. The solutions can only be found through the coordinated effort of a multidisciplinary and intersectoral team. The role of school health nurses should be expanded to providing information on pregnancy and its risks, contraceptive use, abortion and its complications, and early childbirth and its consequences. There is also a need for health educators to focus on local high-risk groups and high-risk behavior. In addition, teenagers should be taught assertive interpersonal skills development, such as negotiating and refusal skills in programs that allow young people to practice these skills. Special programs should be initiated

**Assessment of study quality: A**



## **Appendix F : Quality Assessment of the study by using Critical Appraisal Skills Programme (CASP)**

List of Questions:

### **Screening Questions**

1. Was there a clear statement of the aims of the research?  
Consider: what the goal of the research was; why it is important; its relevance.
2. Is methodology appropriate?  
Consider: if the research seeks to interpret or illuminate the actions and/ or subjective experiences of research participants.

### **Detailed Questions**

3. Was the research design appropriate to address the aims of the research?  
Consider: if the researcher has justified the research design (eg have they discussed how they decided which method to use)
4. Was the recruitments strategy appropriate to the aims of the research?  
Consider: if the researcher has explained how the participants were selected; if they explained why the participants the selected were the most appropriate to provide access to the type of knowledge sought by study; if there are any discussions around recruitment (e.g. why some people chose not to take a part)
5. Were the data collected in a way that addressed the research issue?  
Consider: If the setting for data collection was justified; If it is clear how data were collected (e.g. focus group, semi-structured interview etc.); If the researcher has justified the methods chosen; If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, or did they use a topic guide)?; If methods were modified during the study. If so, has the researcher explained how and why?; If the form of data is clear (e.g. tape recordings, video material, notes etc.); If the researcher has discussed saturation of data
6. Has the relationships between researcher and participants been adequately considered?  
Consider: If the researcher critically examined their own role, potential bias and influence during: (Formulation of the research questions, data collection, including sample recruitment and choice of location); How the researcher responded to events during the study and whether they considered the implications of any changes in the research design
7. Have ethical issues been taken into consideration?  
Consider: If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained; If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study); If approval has been sought from the ethics committee
8. Was the data analysis sufficiently rigorous?  
Consider: If there is an in-depth description of the analysis process; If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?; Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process; If sufficient data are presented to support the findings; To what extent contradictory data are taken into account; Whether the researcher critically examined their own

role, potential bias and influence during analysis and selection of data for presentation.

9. Is there a clear statement of findings?

Consider: If the findings are explicit; If there is adequate discussion of the evidence both for and against the researcher's arguments; If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst); If the findings are discussed in relation to the original research question

10. How valuable is the research?

Consider: If the researcher discusses the contribution the study makes to existing knowledge or understanding e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature?; If they identify new areas where research is necessary; If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

| Article/ Grade   | Quality Assessment  |
|--|---|
| <p>Article 1</p> <p>Title : Relationships, perceptions and the socio-cultural environment of pregnant teenagers in Soshanguve Secondary School</p> <p>Author: Maholo et al (2009)</p> <p>Grade B</p> | <p>Aim of study stated clearly in this article, the use of qualitative exploratory was fit with the aim of study. The process of study mainly addressed ethical issues ie confidentiality, dependability, credibility and trustworthiness. The author also provides the role of author in every step of study. Data analysis was also presenting in very structured way with quotes original data from participants. Discussion, recommendation and conclusion also addressed the aim of study. However, there are information missed from the article particularly in terms of methods ie: there is no explanation related to reason for using exploratory qualitative approach no other approach such as phenomenology, grounded theory, ethnography etc. In terms of recruiting participants, author was not providing information of how many potential participants identified and how many of those were excluded and why excluded. In terms of data collection, author was not stating about saturation and triangulation.</p> |
| <p>Article 2</p> <p>Title: Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra Ghana: a qualitative study</p> <p>Author: Gyesaw and Ankomah (2013)</p> <p>Grade B</p> | <p>This study is very strong in the way of description of background of study, aim, ethical consideration, recruitment of participants, discussion of how data analyse and grouped into themes. The role author is clearly mentioned in every step of study process. However, there are several flaws in terms of methods ie there is no explanation of reason of using exploratory qualitative study. there is also no information of how many potential participants identified and how many participants included. Data saturation and triangulation also have not been discussed.</p>   |
| <p>Article 3</p> <p>Psychological Health and Life Experiences of Pregnant Adolescent Mothers in Jamaica</p> <p>Author: Wilson-Mitchell (2014)</p> <p>Grade: B</p>                                    | <p>This study is very strong in the context where adolescent pregnancies occurred. The participants inclusion was also limited to prima gravidae pregnant adolescents who live in sub urban area. Aim of study stated clearly and the objectives of research were presented very obviously. However, the ethical consideration were not fully addressed. Though, author mentioned related to confidentiality, gaining consent, there is no explanation related to institution which approved ethical. Author also was not providing information related to their role in every step of the process. Information related to ethical standards was also missed.</p>   |
| <p>Article 4</p> <p>Title: Northeastern Thai Adolescents' Perceptions of Being Unmarried and Pregnant</p> <p>Author: Muangpin et al (2010)</p>   | <p>This study was presenting very strong qualitative research. Aim of study, background and specific objectives were created and further addressed carefully in in discussion and conclusion. Reason for using qualitative approach also stated clearly. Ethical approval gained from committee, consent gained before interview, confidentiality addressed by anonymity and interview in a private room. Credibility of the research were addressed by using professional independent interpreter and coder. Author's role specifically was explained in every step of study.</p>  |

| Article/ Grade   | Quality Assessment   |
|--|--|
| Grade A  | Recruitment and selecting process were transparently displayed. Triangulation and saturation were also considered. Proseses of data analysis through rigorous efforts in order to improve validity of study. Reflexivity was gained from participants feedbacks. Discussion and conclusion of study were also relevant with information and themes emerged.  |
| Article 5<br>Title: Lived experiences of early pregnancy among teenagers: A phenomenological study<br>Author: Pogoy et al (2014)<br>Grade: C                                       | The aim of this study was stated clearly. Process of collecting data was also provided structurally. Data analysis also was presenting in briefly in a right order. However, flaws were appeared in methods. There is no discussion related to why the study approach was employed. Ethical issues and ethical approval were not stately mentioned. Sampling approach was not discussed, criteria for inclusion and exclusion was also not provided. Potential participants' number was not presented and how many of those selected was also not displayed. Other sources in data collection sort of field notes was no discussed. Discussion of the themes emerged was also very limited and recommendation was not explicitly mentioned. Author's role also was not clearly stated in every step of study process.  |
| Article 6<br>Title: One foot wet and one foot dry: transition into motherhood among married adolescent women in rural Vietnam<br>Author: Klingberg-Allvin et al (2008)<br>Grade: B | The aim of study stated clearly, objectives were mentioned obviously, background and study setting were very strong and well explained. Author present efforts to maintain ethical consideration ie confidentiality, dependability, credibility and trustworthiness. Ethical approval was gained from institution. However, several flaws were found ie in sampling approach, all participants identified were agreed to participate, strong power relation therefore may influence participants decision. Authors' are midwife who is working in the place of study. There is no explanation of specific task of each author. There is also no discussion related to place of interview. In the process of data collection professional coder or interpreter was also not mentioned.  |
| Article 7<br>Title: Becoming a mother: teenage mothers' experiences of first pregnancy<br>Author: Maputle (2006)<br>Grade: C   | This study mentioned aim and objectives of study very clear. In terms of background, author provide brief explanation of study setting. Permission and consent were gained before interview held. However, flaws were found in methods of study. Author was not providing any information ethical approval. The way of gaining permission and consent was not discussed. In terms of recruiting participants, there is no explanation of how they are identified and how they were approached. There is no specific information related numbers of potential participants and how many of them and why they were excluded. Inclusion and exclusion criteria were not mentioned. In terms of data collection, there is no discussion of whether information have been anonymous or not, there is also no information of where interview run and who did interviewed of participants. Other sources such as field notes were also not discussed. Author also was not stating whether they used professional independent coder or not during data analysis. The process of data analysis also have been limited presented. Author's role during the process of study was also not mentioned in every step of study. There is no original information quoted in this article then I contacted author and the quotations of participants was sent by email. |
| Article 8<br>Title: Experiences of teenage pregnancy among Xhosa families<br>Author: James et al (2011)<br>Grade : B   | The study is really strong with the explanation of study setting related to cultural community perception related to adolescents pregnancy. Aim and objectives are also stated clearly. Ethical consideration was considered well with the strategies of gaining consent, ethical approval, confidentiality, dependability, credibility and trustworthiness. Sampling approach and how to recruit them was also provided. Data collection process was also considering other sources ie memo and field notes. Data analysis process was presented rigorously and the author's role was mentioned in every step of the process. Discussion and recommendation of the study also addressed the aim of study. However, in terms of interview, author mentioned that mostly participants chose to be interviewed in their houses. In this case, author was not discussion about researcher safety have been addressed.   |

| Article/ Grade  | Quality Assessment   |
|---|--|
| <p>Article 9</p> <p>Title: Existential phenomenology as a possibly to understand pregnancy experiences teenagers</p> <p>Author: Jorge et al (2006)</p> <p>Grade: C</p>                                    | <p>This study is very strong on background and study setting of study. Ethical consideration mainly addressed and ethical approval had been gained from ethical committee. The aim of study was mentioned clearly with objectives in order to achieve the aim. However, in terms of methods there are several flaws ie: there is no inclusion and exclusion criteria for recruiting participants, only 4 participants were agreed to be included in this study, there is also no information related to place of interview, whether interview recorded or not, whether other sources (field notes and memo) were considered or not. Data analysis process was also not provided transparently. Author's role was not discussed in the step of study. Discussion of study was limited and there is no recommendation of the study.</p>  |
| <p>Article 10</p> <p>Title: Pregnancy Stigmatization and Coping Strategies of Adolescent Mothers in two Yoruba Communities. South western Nigeria</p> <p>Author: Melvin et al (2009)</p> <p>Grade: B</p>  | <p>The background and study setting were clearly mentioned in this study. Aim of study clearly stated, sampling approach and data collection were provided in reasonable order. Ethical issues were considered and author provide structured step on the process of study. However, there is no statement related of ethical approval from any boards. In terms of data collection, this study included participants which had experience of adolescent pregnancy regardless when the pregnancy was occurred. Author also was not discussing their role in the process of study.</p>   |
| <p>Article 11</p> <p>Title: Adolescent Pregnancies in the Amazon Basin of Ecuador: a right and gender approach to girls sexual and reproductive health</p> <p>Author: Goicolea (2009)</p> <p>Grade: D</p> | <p>This study is very strong in background and study setting. Aim and objectives was clearly mentioned. Original data provided. Ethical approval was not gained since there is no ethics committee. Therefore instead of this permission was gained from the local authority. However, in terms of methodology and methods, there are flaws disappeared. Reason for using qualitative interview was not discussed. Consent from participant was not discussed and there is no explanation of approaching participants. In terms of recruiting participants, there is no discussion related to inclusion and exclusion criteria. Place of interview and the process of interview were also not provided. Data analysis process was also not presented transparently. The author presented theory of content analysis but does not provide the way he/ she analyse his information from participants. Discussion of study was also limited and the recommendation of the study was very broad and practically influence by research evidence. Author's role was also not stated during process of study.</p> |

## Appendix G Excluded studies

### Having D grade

- a. Adolescent pregnancies in the Amazon Basin of Ecuador: A right and gender approach to girls' sexual and reproductive health/ (Goicolea, 2009)

GOICOLEA, I. 2009. *Adolescent pregnancies in the Amazon Basin of Ecuador: A right and gender approach to girls' sexual and reproductive health*. Doctoral thesis, UMEA University.

## Appendix H : Example of coding, organising and development of analytical themes

| No      | Participants' Information   | Coding   | Previous themes   |
|---------|---|--|---|
| Study 1 | <i>"I knew nothing about menstruation. I was embarrassed and reported to my mother. She just said I must menstruate because I am a girl and added that I must go to the clinic for prevention because if I can sleep with a boy, I will fall pregnant".</i>     | <ul style="list-style-type: none"> <li>• Lack information about menstruation</li> <li>• Embarrassed</li> <li>• Support from parent to prevent pregnancy</li> </ul> | Experience of menarche and menstruation   |
| Study 1 | <i>"I was so anxious and even felt like committing suicide. What made matters worse was I was going to write an examination at twelve o'clock that day and I just did not know what to do. I was uncomfortable throughout the exam and just passed by luck.</i> | <ul style="list-style-type: none"> <li>• Desperate in menarche</li> <li>• Uncomfortable in menarche</li> </ul>   | Experience of menarche and menstruation   |
| Study 5 | <i>We never had sex education in school. I don't know anything about it</i>   | <ul style="list-style-type: none"> <li>• Lack information pf sexual education</li> </ul>   | Causes and effects  |
| Study 7 | <i>I felt something like a snake playing inside my abdomen (noga e ragaraga ka mo dimpeng</i>   | <ul style="list-style-type: none"> <li>• Lack information of pregnancy</li> <li>• Sign of pregnancy</li> </ul>   | Inadequate information/ knowledge related physiological changing during pregnancy |
| Study 7 | <i>My breasts were enlarged and full. I was worried and I d id n 't know what's happening</i>   | <ul style="list-style-type: none"> <li>• Lack information of physical changing during pregnancy</li> <li>• Sign of pregnancy</li> </ul>                            | Inadequate information/ knowledge related physiological changing during pregnancy |
| Study 7 | <i>I was always wet and my mother said I have premature rupture of membranes (motse o thobegile)</i>  | <ul style="list-style-type: none"> <li>• Lack information of pregnancy complication</li> <li>• Sign of complication</li> </ul>                                     | Inadequate information/ knowledge related physiological changing during pregnancy |
| Study 7 | <i>I have observed thick lines on my abdomen and my umbilicus was protruding</i>  | <ul style="list-style-type: none"> <li>• Lack information of physical changing during pregnancy</li> <li>• Sign of pregnancy</li> </ul>                            | Inadequate information/ knowledge related physiological changing during pregnancy |
| Study 7 | <i>I was always ill with dizzy spells, didn't know the cause</i>  | <ul style="list-style-type: none"> <li>• Lack information of physical changing during pregnancy and emergency condition</li> <li>• Sign of pregnancy</li> </ul>    | Inadequate information/ knowledge related physiological changing during pregnancy |

## Categorising and charting

### 1. Theme: I am pregnant

|         | 1.1 Unplanned pregnancy  | 1.2 Conception, pregnancy and psychological changing  | 1.5 I wanted a baby   | 1.8 Preserve or terminate pregnancy   |
|---------|--|---|---|---|
| Study 1 | <i>I was surprised to discover that I am pregnant after three months of the affair</i> | <i>I started to menstruate at 13 years. I knew nothing about menstruation. I was embarrassed and reported to my mother. She just said I must menstruate because I am a girl and added that I must go to the clinic for prevention because if I can sleep with a boy, I will fall pregnant</i>                             | <i>I just felt ready for the relationship and to love someone intimately. I was never pushed into having sex, but I wanted to experience it</i> | <i>I even took some purgatives to cleanse my stomach as I was feeling sick”</i> |
|         |  | <i>I still remember when I started to menstruate at 14 years. I was so anxious and even felt like committing suicide. What made matters worse was I was going to write an examination at twelve o'clock that day and I just did not know what to do. I was uncomfortable throughout the exam and just passed by luck.</i> |   |   |
|         |  | <i>I don't know anything about pregnancy. I just got to know that I am pregnant after telling my friend that I have missed my period</i>  |   |   |
|         |  | <i>I have missed my period.</i>   |   |   |

# **Appendix I      Participants information sheets, information leaflet and consent form**



**School of Healthcare, University of Leeds**

**Information Sheet for Parent of Young Women/ Young Men**

## **A study about experiences during pregnancy of young women and young men**

This information sheet is for parents of adolescents wishing to participate in a study of young women's and young men experiences.

### **What is the purpose of this study?**

This study plans to explore young peoples' experiences around the time of pregnancy so that I can understand what it is like to be a young person during this time in Indonesia. This knowledge will help us to improve health and social services for young people.

### **Who is doing the study?**

I am Andari Wuri Astuti and I am undertaking this study as part of my PhD study at the University of Leeds in England. Dr Janet Hirst, Associate Professor and Dr Kuldip Bharg, Senior Lecture at the University of Leeds are supervising this study.

### **Why have I been approached to this study?**

You have been approached because your son or daughter wishes to take part in this study and who has been given a copy of the full information sheet giving details of the study.

### **What will be involved if I allow my daughter/ son take part in this study?**

If you give permission for your daughter/ son to participate in the study, she/ he will be invited to talk to me during her pregnancy/his girlfriend pregnancy. Ideally, I would like to talk to her/ him between now and the time of birth of their baby. For example, in the next week or so, between now and the time of birth and near by the expected time of birth. I anticipate each time of our talk it will last for about one hour. I will audio-record the interview, so I do not have to write notes at the same time. The interview will take place in one of meeting rooms of the public health centre or in the midwifery private clinic.

### **What are the advantages and disadvantages if my daughter/ son taking part?**

There is no obvious direct benefit to your daughter/ son for taking part in this study. Your daughter's / son's views will help us understand what it is like for young people when being pregnant/ their girlfriend is pregnant in Indonesia. This knowledge will help us to improve health and social services for young people.

### **Do I have to give permission for my daughter/ son to take part?**

It is up to you to decide whether or not to give permission for your daughter/ son to take part. If you do decide to give permission for your daughter/ son to take part, you will be given an opportunity to ask for further clarity on any aspect of the study and be asked to sign a consent form. If you do decide to not give permission for your daughter/ son to take part of this study, it will not affect your daughter's / his girlfriend's care.

### **Can I withdraw my daughter/ son from the study at any time?**

You are free to withdraw your daughter/ son from taking part of the study at any time before or during the interview. You can also withdraw the information provided during interview up to 24 hours after each interview without giving a reason. After 24 hours of each interview, your daughter's/ son's name will be removed and the information given by your daughter/ son will have



not being identifiable and cannot be linked to your daughter/ son. Your daughter/ son will have an opportunity to stop or have rest at any time during the interview and she/ he will be able to choose whether to continue or have another interview appointment. You can also withdraw your daughter/son and not permit her/ him to complete the three interviews. Should any issues arise during or following the interview/s then please contact your daughter's / his girlfriend's midwife or you can also contact me.

**Will the information obtained in the study be confidential?**

Only I will have access to your daughter's/ son's personal details and these will be kept confidential and securely scanned on to a password protected computer. I will remove your daughter's/ son's detailed information such as name, address, and contact details after the interview. All information that is given during the interview will be kept confidential; only my academic supervisors and I will have access to the audio recording. The audio recording of our talk will be typed-up (transcribed) and then audio recording will be deleted. The transcription will be held in a password protected secure network of the University of Leeds until for 3 years, after which, it will be securely and irreversibly deleted from the device on which it is stored. If there are any issues raise to break the law, I will discuss with supervisors.

**What will happen to the results of the study?**

Some quotations will be used from everyone who takes part in this study; these will not be associated with real names as I will give everyone a false name to ensure that people cannot be identified. The result of the study will form part of my PhD thesis and the result will be published in scientific journals and be presented at conferences.

**What you are being asked to do?**

I will need your permission to agree for your son or daughter to take a part in this study. If you agree, please fill in the consent form, sign it and then return it to me using one of following ways:

- Scan and email to me at the email address that set up specifically for this study [kehamilanremaja@yahoo.com](mailto:kehamilanremaja@yahoo.com)
- Photo Screen Shoot and send it to this WhatsApp contact number which has been specifically set up for this study: 081931774579
- Ask your son or daughter to bring it on interview appointment date

**Who has reviewed this study?**

Ethical approval has been granted by the School of Healthcare Research Ethics Committee and Indonesian Local Ministry of Health (*state project reference number and date*).

**If you agree for your son or daughter to take part to this study and/ or would like more information about the study please contact:**

*Andari Wuri Astuti*

*PhD Student*

*University of Leeds*

*LS2 9UT, Leeds, UK. Telp : 081931774579 or email [kehamilanremaja@yahoo.com](mailto:kehamilanremaja@yahoo.com)*

**Supervisors :**

*1. Dr Janet Hirst*

*University of Leeds*

*LS2 9UT, Leeds, UK. Telp : 0113 3431281 or email [j.hirst@leeds.ac.uk](mailto:j.hirst@leeds.ac.uk)*

*2. Dr Kuldip Bharj*

*University of Leeds*

*LS2 9UT, Leeds, UK*

*Telp : 0113 3431235 or email [k.k.bharj@leeds.ac.uk](mailto:k.k.bharj@leeds.ac.uk)*



School of Healthcare, University of Leeds

## Participant Information Sheet for Young Women

### **A study about experiences during pregnancy of young women and young men**

You are being invited to take part in the above named study but before you decide, please read the following information.

#### **What is the purpose of this study?**

This study plans to explore young women's experiences around the time of pregnancy so that we can understand what it is like to be a pregnant young woman in Indonesia. This knowledge will help us to improve health and social services for young people.

#### **Who is doing the study?**

I am Andari Wuri Astuti and I am undertaking this study as part of my PhD study at the University of Leeds in England. Dr Janet Hirst, Associate Professor and Dr Kuldeep Bhargava, Senior Lecturer at the University of Leeds are supervising this study.

#### **Why have I been asked to participate?**

You have been invited in this study because you are aged 19 or under, an Indonesian resident and pregnant.

#### **What will be involved if I take part in this study?**

If you choose to participate in the study, you will be invited to talk to me during your pregnancy. Ideally, I would like to talk to you three times between now and the time of birth of your baby. For example, in the next week or so, between now and the time of birth and near by the expected time of birth. I anticipate each time we talk it will last for about one hour. With your permission I will audio-record our talk so I do not have to write notes at the same time. The interview will take place in one of meeting rooms of the public health centre or in the midwifery private clinic.

#### **What are the advantages and disadvantages of taking part?**

There is no obvious direct benefit to you for taking part in this study. Your views will help us understand what it is like for young people when pregnant in Indonesia. This knowledge will help us to improve health and social services for young people.

#### **Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you do decide to not take part to the study, it will not affect your care.

#### **Can I withdraw from the study at any time?**

You are free to withdraw at any time before, during the interview and you can also withdraw the data up to 24 hours after each interview without giving a reason. After 24 hours of each interview, the information you have given will have been anonymised, analysed and cannot be linked to you. You can also stop or have rest at any time during the interview. If you wish to continue, or have another interview appointment, you may do so. You can also withdraw and not complete the three interviews. If we discuss anything that is upsetting to you and you wish to talk about this further, myself or your midwife will be available to talk with you should you wish.

#### **Will the information obtained in the study be confidential?**

Only I will have access to your personal details and these will be kept confidential and securely scanned on to a password protected computer. I will remove all your detailed information such as name, address, and contact details after study project. All information that is given during the interview will be kept confidential; only my academic supervisors and I will have access to the audio recording. The audio recording of our talk will be typed-up (transcribed) and then audio recording will be deleted. The transcription will be held in a password protected secure network.

of the University of Leeds until for 3 years, after which, it will be securely and irreversibly deleted from the device on which it is stored. If there are any issues raise to break the law, I will discuss with supervisors.

**What will happen to the results of the study?**

Some quotations will be used from everyone who takes part; these will not be associated with real names as I will give everyone a false name to ensure anonymity. The result of the study will form part of my PhD thesis and will be published in scientific journals and be presented at conferences.

**Who has reviewed this study?**

Ethical approval has been granted by the School of Healthcare Research Ethics Committee and Indonesian Local Ministry of Health (*state project reference number and date*).

**If you agree to take part, would like more information or have any questions or concerns about the study please contact:**

*Andari Wuri Astuti*

*PhD Student*

*University of Leeds*

*LS2 9UT, Leeds, UK. Telp : 081931774579 or email [kehamilanremaja@yahoo.com](mailto:kehamilanremaja@yahoo.com)*

**Supervisors :**

3. *Dr Janet Hirst*

*University of Leeds*

*LS2 9UT, Leeds, UK. Telp : 0113 3431281 or email [j.hirst@leeds.ac.uk](mailto:j.hirst@leeds.ac.uk)*

4. *Dr Kuldip Bharj*

*University of Leeds*

*LS2 9UT, Leeds, UK. Telp : 0113 3431235 or email [k.k.bharj@leeds.ac.uk](mailto:k.k.bharj@leeds.ac.uk)*



**School of Healthcare, University of Leeds**  
**Participant Information Sheet for Young Men**

**A study about experiences during pregnancy of young women and young men**

You are being invited to take part in the above named study but before you decide, please read the following information.

**What is the purpose of this study?**

This study plans to explore young men's experiences around the time of their wife's or girlfriend's pregnancy so that we can understand what it is like to be a husband or a boyfriend during this time in Indonesia. This knowledge will help us to improve health and social services for young people.

**Who is doing the study?**

I am Andari Wuri Astuti and I am undertaking this study as part of my PhD study at the University of Leeds in England. Dr Janet Hirst, Associate Professor and Dr Kuldip Bharj, Senior Lecture at the University of Leeds are supervising this study.

**Why have I been asked to participate?**

You have been invited to take part in this study because you are aged 19 and under, an Indonesian resident, and have a girlfriend or wife who is pregnant.

**What will be involved if I take part in this study?**

If you choose to take part in the study, you will be invited to talk to me during your girlfriend's or wife's pregnancy. Ideally, I would like to talk to you three times between now and the time of birth of your baby. For example, in the next week or so, between now and the time of birth and near by the expected time of birth. I anticipate each time we talk it will last for about one hour. With your permission I will audio-record our talk so I do not have to write notes at the same time. The interview will take place in one of meeting rooms of the public health centre or in the midwifery private clinic.

**What are the advantages and disadvantages of taking part?**

There is no obvious direct benefit to you for taking part in this study. Your views will help us understand what it is like for young people when their girlfriend or wife is pregnant in Indonesia. This knowledge will help us to improve health and social services for young people.

**Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you do decide to not take part in this study, it will not affect your wife's or girlfriend's care.

**Can I withdraw from the study at any time?**

You are free to withdraw at any time before, during the interview and you can also withdraw the data up to 24 hours after each interview without giving a reason. After 24 hours of each interview, the information you have given will have been anonymised, analysed and cannot be linked to you. You can also stop or have rest at any time during the interview. If you wish to continue, or have another interview appointment, you may do so. You can also withdraw and not complete the three interviews. If we discuss anything that is upsetting to you and you wish to talk about this further, myself or your girlfriend's/ wife's midwife will be available to talk with you should you wish.

**Will the information obtained in the study be confidential?**

Only I will have access to your personal details and these will be kept confidential and securely scanned on to a password protected computer. I will remove all your detailed information such as name, address, and contact details after study project. All information that is given during the interview will be kept confidential; only my academic supervisors and I will have access to the audio recording. The audio recording of our talk will be typed-up (transcribed) and then audio recording will be deleted. The transcription will be held in a password protected secure network of the University of Leeds until for 3 years, after which, it will be securely and irreversibly deleted from the device on which it is stored. If there are any issues raise to break the law, I will discuss with supervisors.

**What will happen to the results of the study?**

Some quotations will be used from everyone who takes part; these will not be associated with real names as I will give everyone a false name to ensure anonymity. The result of the study will form part of my PhD thesis and will be published in scientific journals and be presented at conferences.

**Who has reviewed this study?**

Ethical approval has been granted by the School of Healthcare Research Ethics Committee and Indonesian Local Ministry of Health (*state project reference number and date*).

**If you agree to take part, would like more information or have any questions or concerns about the study please contact:**

*Andari Wuri Astuti*

*PhD Student*

*University of Leeds*

*LS2 9UT, Leeds, UK.*

*Telp : 081931774579 or email [kehamilanremaja@yahoo.com](mailto:kehamilanremaja@yahoo.com)*

**Supervisors :**

*5. Dr Janet Hirst*

*University of Leeds*

*LS2 9UT, Leeds, UK*

*Telp : 0113 3431281 or email [j.hirst@leeds.ac.uk](mailto:j.hirst@leeds.ac.uk)*

*6. Dr Kuldip Bharj*

*University of Leeds*

*LS2 9UT, Leeds, UK*

*Telp : 0113 3431235 or email [k.k.bharj@leeds.ac.uk](mailto:k.k.bharj@leeds.ac.uk)*



## **School of Healthcare, University of Leeds**

### **Information Sheet for Young Mother**

#### **A study about experiences of early parenthood of young women and young men**

You are being invited to take part in the above named study but before you decide, please read the following information.

#### **What is the purpose of this study?**

This study plans to explore young mother's experiences as young parents so that we can understand what it is like to have a baby for young mother in Indonesia. This knowledge will help us to improve health and social services for young people.

#### **Who is doing the study?**

I am Andari Wuri Astuti and I am undertaking this study as part of my PhD study at the University of Leeds in England. Dr Janet Hirst, Associate Professor and Dr Kuldip Bharj, Senior Lecture at the University of Leeds are supervising this study.

#### **Why have I been asked to participate?**

You have been invited in this study because you are Indonesian resident, had pregnancy in aged 19 or under and have first child aged between 3 months and 1 year old.

#### **What will be involved if I take part in this study?**

If you choose to participate in the study, you will be invited to talk to me. I would like to talk to you for about one hour. With your permission I will audio-record our talk so I do not have to write notes at the same time. The interview will take place in one of meeting rooms of the public health centre or in the midwifery private clinic.

#### **What are the advantages and disadvantages of taking part?**

There is no obvious direct benefit to you for taking part in this study. Your views will help us understand what is like for young people as parent Indonesia. This knowledge will help us to improve health and social services for young people.

#### **Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you do decide not to take part of this study, it will not affect your care.

#### **Can I withdraw from the study at any time?**

You are free to withdraw at any time before, during and you can also withdraw your data up to 24 hours after interview without giving a reason. After 24 hours, the information you have given will have been anonymised, analysed and cannot be linked to you. You can also stop or have rest at any time during the interview. If you wish to continue, or have another interview appointment, you may do so. If we discuss anything that is upsetting to you and you wish to talk about this further, myself or your midwife will be available to talk with you should you wish.

#### **Will the information obtained in the study be confidential?**

Only I will have access to your personal details and these will be kept confidential and securely scanned on to a password protected computer. I will remove all your detailed information such as name, address, and contact details after study project. All information that is given during the interview will be kept confidential; only my academic supervisors and I will have access to the audio recording. The audio recording of our talk will be typed-up (transcribed) and then audio recording will be deleted. The transcription will be held in a password protected secure network of the University of Leeds until for 3 years, after which, it will be securely and irreversibly deleted from the device on which it is stored. If there are any issues raise to break the law, I will discuss with supervisors.

**What will happen to the results of the study?**

Some quotations will be used from everyone who takes part; these will not be associated with real names as I will give everyone a false name to ensure anonymity. The result of the study will form part of my PhD thesis and will be published in scientific journals and be presented at conferences.

**Who has reviewed this study?**

Ethical approval has been granted by the School of Healthcare Research Ethics Committee and Indonesian Local Ministry of Health (*state project reference number and date*).

**If you agree to take part, would like more information or have any questions or concerns about the study please contact:**

*Andari Wuri Astuti*

*PhD Student*

*University of Leeds*

*LS2 9UT, Leeds, UK.*

*Telp : 081931774579 or email [kehamilanremaja@yahoo.com](mailto:kehamilanremaja@yahoo.com)*

**Supervisors :**

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*8. Dr Kuldip Bharj*

*University of Leeds*

*LS2 9UT, Leeds, UK*

*Telp : 0113 3431235 or email [k.k.bharj@leeds.ac.uk](mailto:k.k.bharj@leeds.ac.uk)*



## **School of Healthcare, University of Leeds**

### **Participant Information Sheet for Young Men**

#### **A study about experiences of early parenthood of young women and young men**

You are being invited to take part in the above named study but before you decide, please read the following information.

#### **What is the purpose of this study?**

This study plans to explore young men's experiences as young father so that we can understand what it is like to have a baby for young people in Indonesia. This knowledge will help us to improve health and social services for young people.

#### **Who is doing the study?**

I am Andari Wuri Astuti and I am undertaking this study as part of my PhD study at the University of Leeds in England. Dr Janet Hirst, Associate Professor and Dr Kuldip Bharj, Senior Lecture at the University of Leeds are supervising this study.

#### **Why have I been asked to participate?**

You have been invited in this study because you are Indonesian resident, have wife or girlfriend who had pregnancy in aged 19 or under and have first child aged between 3 months until 1 year old.

#### **What will be involved if I take part in this study?**

If you choose to participate in the study, you will be invited to talk to me. I would like to talk to you for about one hour. With your permission I will audio-record our talk so I do not have to write notes at the same time. The interview will take place in one of meeting rooms of the public health centre or in the midwifery private clinic.

#### **What are the advantages and disadvantages of taking part?**

There is no obvious direct benefit to you for taking part in this study. Your views will help us understand what is like to be young father in Indonesia. This knowledge will help us to improve health and social services for young people.

#### **Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide not to take part of this study, it will not affect your wife's care.

#### **Can I withdraw from the study at any time?**

You are free to withdraw at any time before, during and you can also withdraw the data up to 24 hours after interview without giving a reason. After 24 hours, the information you have given will have been analysed, anonymised and cannot be linked to you. You can also stop or have rest at any time during the interview. If you wish to continue, or have another interview appointment, you may do so. If we discuss anything that is upsetting to you and you wish to talk about this further, myself or your wife's midwife will be available to talk with you should you wish.

#### **Will the information obtained in the study be confidential?**

Only I will have access to your personal details and these will be kept confidential and securely scanned on to a password protected computer. I will remove all your detailed information such as name, address, and contact details after study project. All information that is given during the interview will be kept confidential; only my academic supervisors and I will have access to the audio recording. The audio recording of our talk will be typed-up (transcribed) and then audio recording will be deleted. The transcription will be held in a password protected secure network of the University of Leeds until for 3 years, after which, it will be securely and irreversibly deleted from the device on which it is stored. If there are any issues raise to break the law, I will discuss with supervisors.



**What will happen to the results of the study?**

Some quotations will be used from everyone who takes part; these will not be associated with real names as I will give everyone a false name to ensure anonymity. The result of the study will form part of my PhD thesis and will be published in scientific journals and be presented at conferences.

**Who has reviewed this study?**

Ethical approval has been granted by the School of Healthcare Research Ethics Committee and Indonesian Local Ministry of Health (*state project reference number and date*).

**If you agree to take part, would like more information or have any questions or concerns about the study please contact:**

*Andari Wuri Astuti*

*PhD Student*

*University of Leeds*

*LS2 9UT, Leeds, UK.*

*Telp : 081931774579 or email [kehamilanremaja@yahoo.com](mailto:kehamilanremaja@yahoo.com)*

**Supervisors :**

9. *Dr Janet Hirst*

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*Telp : 0113 3431281 or email [j.hirst@leeds.ac.uk](mailto:j.hirst@leeds.ac.uk)*

10. *Dr Kuldip Bharj*

*University of Leeds*

*LS2 9UT, Leeds, UK*

*Telp : 0113 3431235 or email [k.k.bharj@leeds.ac.uk](mailto:k.k.bharj@leeds.ac.uk)*



**School of Healthcare, University of Leeds**

**Parent Consent Form**

**Title of Study: A study about experiences during pregnancy and early parenthood of young women and young men**

|  | Please confirm agreement to the statements by putting your initials in the box below |    |
|--|--|----|
|  | Yes  | No |
| I have read and understood the parent information sheet  |  |    |
| I have had the opportunity to ask questions and discuss this study   |  |    |
| I have received satisfactory answers to all of my questions  |  |    |
| I have received enough information about the study   |  |    |
| I understand that I am/ we free to withdraw my son or daughter from the study before or during interview or I can also withdraw the information provided during the interview up to 24 hours after each interview without any requirement to explain my decision; this will not affect my son's/ daughter's care |  |    |
| I understand that the interview will be audio-recorded.  |  |    |
| I understand that any information provided, including personal details, will be kept confidential, stored securely and only accessed by those carrying out the study.  |  |    |
| I understand that any information given may be included in published documents but all information will be anonymised.   |  |    |
| I agree for my son/ daughter to take part in this study  |  |    |
| Parent Signature .....   |  |    |
| Date   |  |    |
| Name of Parent   |  |    |
| Researcher Signature .....   |  |    |
| Date   |  |    |
| Name of Researcher:  |  |    |



## School of Healthcare, University of Leeds

### Participant Consent Form

**Title of Study: A study about experiences during pregnancy and early parenthood of young women and young men**

|   | Please confirm agreement to the statements by putting your initials in the box below |    |
|---|--|----|
|   | Yes  | No |
| I have read and understood the participant information sheet  |  |    |
| I have had the opportunity to ask questions and discuss this study  |  |    |
| I have received satisfactory answers to all of my questions   |  |    |
| I have received enough information about the study  |  |    |
| I understand that I am free to withdraw from the study before or during interview or I can also withdraw the information provided during interview up to 24 hours after each interview without any requirement to explain my decision; this will not affect my wife/ or my care |  |    |
| I understand that my interview will be audio-recorded.  |  |    |
| I understand that any information I provide, including personal details, will be kept confidential, stored securely and only accessed by those carrying out the study.  |  |    |
| I understand that any information I give may be included in published documents but all information will be anonymised and I cannot be identified.  |  |    |
| I agree to take part in this study  |  |    |
| Participant Signature .....<br>Date   |  |    |
| Name of Participant   |  |    |
| Researcher Signature .....<br>Date  |  |    |
| Name of Researcher  |  |    |

## Appendix J : Poster for participants' recruitment in English version

# Participants Invited

## For Study About Young Mother and Young Father

(Ethical approval has been granted by the School of Healthcare Research Ethics Committee and Indonesian Local Ministry of Health)

| Who   |  |
|---|--|
| Female  | Male   |
| Pregnant/ had pregnant in the aged 19 or less | Having pregnant adolescent girlfriend or wife who experienced adolescent pregnancy |
| Recently married or unmarried                 |  |

### What

Participate in study to tell about your experiences related to adolescent pregnancy as young mother and young father

### Where

Tegalrejo Public Health Centre (Midwifery Services Room)

### Why

To explore experiences of as young mother/ father or parents

### When

February-August 2015



# What's Your Story?

081931774579

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Kehamilan Remaja